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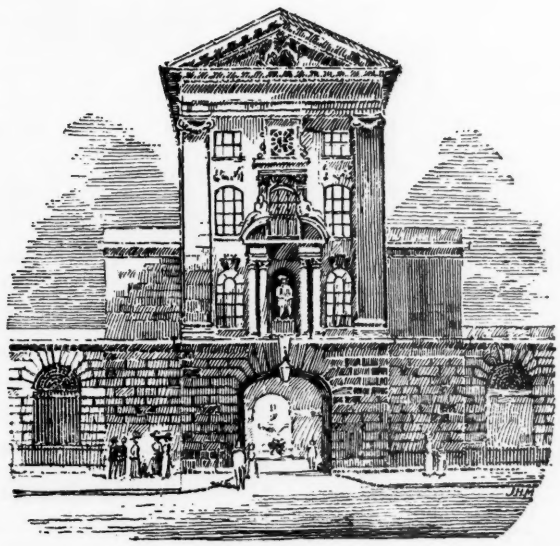
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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M.206

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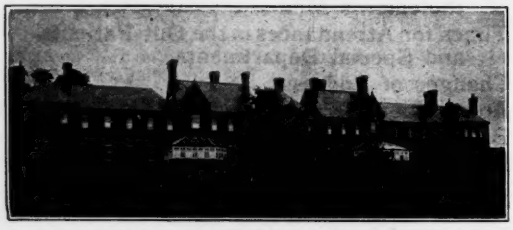

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"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

JOURNAL.

VOL. XXXVIII.—No. 2.] NOVEMBER 1ST, 1930. PRICE NINEPENCE.

CALENDAR.

Sat., Nov. 1.—Rugby Match *v.* Pontypool. Away.
Association Match *v.* Keble College, Oxford. Away.
Hockey Match *v.* R.N. and R.M., Chatham. Home.
Mon., „ 3.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., „ 4.—Sir Percival Hartley and Sir Holburt Waring on duty.
Wed., „ 5.—Surgery: Clinical Lecture by Sir Holburt Waring.
Fri., „ 7.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., „ 8.—Rugby Match *v.* Moseley. Away.
Association Match *v.* Caius College, Cambridge. Away.
Hockey Match *v.* Keble College, Oxford. Away.
Mon., „ 10.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., „ 11.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Wed., „ 12.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Fri., „ 14.—Dr. Gow and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Gow.
Sat., „ 15.—Rugby Match *v.* Old Cranleighans. Home.
Association Match *v.* Old Mercers. Home.
Hockey Match *v.* Old Cranleighans. Away.
Mon., „ 17.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., „ 18.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 19.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Last day for receiving matter for the December issue of the Journal.
Hockey Match *v.* Gloucestershire Regiment. Home.
Fri., „ 21.—Sir Percival Hartley and Sir Holburt Waring on duty.
Medicine: Clinical Lecture by Dr. Gow.
Sat., „ 22.—Rugby Match *v.* Torquay. Away.
Association Match *v.* Old Citizens. Home.
Hockey Match *v.* Emmanuel College, Cambridge. Away.
Mon., „ 24.—Special Subject: Clinical Lecture by Dr. Cumberbatch.
Tues., „ 25.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty
Wed., „ 26.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri., „ 28.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., „ 29.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* Old Brentwoods. Away.
Hockey Match *v.* Trinity College, Cambridge. Away.

EDITORIAL.

THE OLD STUDENTS' DINNER.

THE Old Students' Annual Dinner was held on Wednesday, October 1st, in the Great Hall. After "The King," Mr. Rawling, from the Chair, described the progress of the Hospital during his thirty-six years' association with it. He remembered coming down from the premier college at the premier University to see Bart.'s with no fixed intentions. Dr. Shore, then Dean, soon had his name on the books. His subsequent career had given him the opportunity, for which he was truly grateful, of passing on the traditions of Alfred Willett, Lockwood, D'Arcy Power and Anthony Bowlby. Inevitably he had to occupy the Chair at the Old Students' Dinner. If allowed to choose the year, he himself would have selected 1930; there was so much to talk about.

In 1898, when he was a House Surgeon, there was no electric light, no telephone, and only one operating theatre. Operations were sometimes carried out in the wards behind screens; dressings were done by candle-light. The R.S.Q. was beastly, and the incidence of pulmonary tuberculosis among its inhabitants was high. Somewhere between 1910 and 1914 a certain restlessness had shown itself, and the pioneer in the movement towards reconstruction was C. B. Lockwood. The war and the post-war years of undiscipline had not favoured any further development, but in 1920 things began to move. In 1926 the Nurses' Block was started, and now the New Surgical Block had been opened. The moving spirit in all this was Sir Holburt Waring, who had travelled far and wide to pick out the best that the world had to offer for the equipment of the New Block. In commemoration of his work a ward had been named after him.

Mr. Rawling then described the rosy prospect of the future. The Maternity Block, the rebuilding of a Medical Block, a Paying Patients' Block, Residential

Quarters for Students, an X-Ray Block, the enlargement of the Special Departments, all would come in time. The justification of the Hospital Appeal was the work that would be done in the next eight hundred years.

Sir Charles Gordon-Watson proposed the health of the Lord Mayor, which was drunk with musical honours. The Lord Mayor replied briefly, acknowledging his great interest in the success of the Hospital Appeal and in the further development of the Hospital.

Surgeon-General Percy Benson, in a short speech, made allusion to Bart.'s in the early 'seventies, when he had been a student.

Coffee in the Library brought a pleasant conclusion to an exceptionally pleasant evening.

* * *

SIR D'ARCY POWER.

The good wishes of all Bart.'s men will go with Sir D'Arcy Power on his journey to America, whither he sails on November 1st. As we announced in September, he is to be Visiting Professor at the new School of the History of Medicine at Johns Hopkins University. The plan to honour him by presenting him with a copy of his own "Selected Writings" on his seventy-fifth birthday is generally known, although it has not been publicly announced. Unfortunately he will be in America on November 11th. We are asked to state that the book will be published at the beginning of December, but that the formal presentation of Sir D'Arcy Power's specially printed copy will be deferred until an official birthday, to be appointed early next year.

* * *

CAMBRIDGE UNIVERSITY MEDICAL SOCIETY.

Dr. Langdon Brown is to address the Cambridge University Medical Society on November 19th on "The Return to Æsculapius." Among the other lectures in the exceptionally good programme arranged for the Michælmas Term by this Society is one on "Plastic Surgery in War and Peace" (November 26th). The lecturer is Sir Harold Gillies, whose great services to humanity and to the profession have been acknowledged this year by a knighthood conferred by H.M. the King, and by his appointment as the first Plastic Surgeon to St. Bartholomew's.

* * *

As we go to Press comes the tragic news of the death on November 2nd of Cecil Francis Watts. He had just been appointed Junior Demonstrator of Pathology. We extend our heart-felt sympathy to his mother and father on their sad loss.

* * *

Prof. Gask will deliver the Thomas Vicary Lecture on "Vicary's Predecessors" at the Royal College of Surgeons on Thursday, November 6th, at 5 o'clock.

Congratulations to Mr. F. W. Capps, who has been appointed Assistant Throat Surgeon.

* * *

Congratulations to Mr. S. L. Higgs on his appointment as First Assistant Orthopædic Surgeon to the Hospital.

* * *

CAMBRIDGE GRADUATES' DINNER.

The Fifty-fourth Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Wednesday, November 19th, at 7.15 for 7.30 p.m. at the Mayfair Hotel. Mr. R. Foster Moore (Christ's) will be in the Chair. The price of the dinner is 12*s.* 6*d.*, exclusive of wine. No tickets are required. Hon. Secs.: H. N. BURROUGHES and REGINALD M. VICK.

* * *

THE STUDENTS' UNION DANCE.

The Students' Union will hold its Annual Dance at the Savoy Hotel on Thursday, November 20th. Vale Lane's Dance Band has been engaged to play. The Ball begins at nine o'clock, and is announced as ending at three. Single and double tickets, 21*s.* and 35*s.* each respectively, may be had from Messrs. Briggs, Furber, Ellis, McBride and Nicoll.

* * *

The following gentlemen have been nominated to House Appointments from November 1st, 1930:

Junior House Physicians—	
Sir Percival Hartley	R. E. M. Fawcett.
Prof. F. R. Fraser	B. C. Nicholson.
Sir Thomas Horder, Bart.	W. H. McMenemy.
Dr. Hinds Howell	T. H. N. Whitehurst.
Dr. A. E. Gow	W. J. Walter.
Junior House Surgeons—	
Sir Holburt Waring	K. W. D. Hartley.
Mr. L. Bathe Rawling	E. C. Sugden.
Prof. G. E. Gask	J. S. MacVine.
Sir C. Gordon-Watson	H. L. Hodgkinson.
Mr. Harold Wilson	G. K. McKee.
Intern Midwifery Assistant (Resident)	V. C. Thompson.
Intern Midwifery Assistant (Non-Resident)	I. E. Phelps.
Extern Midwifery Assistant	R. M. S. Cross.* / W. D. T. Brunyate.†
H.S. to Throat and Ear Departments	W. J. Burgess.
H.S. to Ophthalmic Department	H. P. Hutchinson.
H.S. to Venereal and Skin Departments (Non-Resident)	C. N. Evans.* / A. H. T. Robb-Smith.†
H.S. to Orthopædic Department	J. C. Nicholson.
H.P. to Children's Department	R. K. Price.
Junior Resident Anæsthetists	K. M. Ross. / R. E. Angel.
Non-Resident Anæsthetist	J. E. S. Stephens.
Casualty House Physicians	W. D. T. Brunyate.* / C. H. Devin.* / N. Kramer.* / R. M. S. Cross.† / I. Q. Evans.† / R. S. Risk.†
Casualty House Surgeons	A. H. T. Robb-Smith.* / D. A. Beattie.†

* 3 months, November. † 3 months, February.
All others for 6 months.

IN MEMORIAM.

HERBERT WILLIAM CARSON.

October 9th, 1870—August 31st, 1930.

BY the passing of Herbert William Carson, Bart.'s has lost one of her loyal sons, who went forth to carry the traditions and inspirations of his *Alma Mater* to a struggling hospital on the outskirts of London, and by his energy and enthusiasm was one of those who helped to raise it from comparative obscurity to a well-recognized position among the general hospitals of London.

Carson entered at St. Bartholomew's Hospital in October, 1888. He used to say that he never did any real work until after he was qualified. This statement is, I think, unfair to himself. He was one of my dressers in 1894, and I well remember his keenness and thirst for knowledge. During our "taking-in" week he used to remain at the Hospital until a late hour in order not to miss an interesting case, and if an emergency operation were in prospect, he was wont to sleep on the sofa in my sitting-room, so as not to miss being present at the operation. With our association at this time began a friendship which continued uninterruptedly until his death.

Soon after he became qualified, in 1895, he was appointed House Surgeon at the Tottenham (now the Prince of Wales's Hospital), becoming Assistant Surgeon in 1897 and full Surgeon in 1904. At first his intention was to specialize in the surgery of the ear, nose and throat, so that after becoming a Fellow of the Royal College of Surgeons in 1899, he was appointed to take charge of this department at Tottenham. After twelve years he resigned the charge of this department and devoted himself to general surgery.

In 1900 Carson and Dr. A. J. Whiting inaugurated the North-East London Clinical Society, of which he was President twice. This led, in 1902, to the foundation of the North-East London Post-Graduate College, which has been a flourishing centre of post-graduate education, not only for the north of London, but for students from a wider area.

The foundation of the Fellowship of Medicine in 1919 gave a great impetus to post-graduate teaching in London, and led to a considerable increase in the number of students enrolled at the North-East London Post-Graduate College. Into this work Carson and his colleagues threw themselves whole-heartedly, and students, not only from this country, but from overseas, attended the courses given at the College.

For the long period of thirty-three years Carson served the Hospital of his adoption with unstinted energy and untiring devotion. At all times his first thought was, "What can I do for my Hospital?" He was proud of it, and it was proud of him.

With his long-standing interest in post-graduate teaching it was natural that he should become associated with the Fellowship of Medicine, to the Executive Committee of which he was elected in 1923, and except for an interval of one year, he remained on that committee until the end, being Chairman at the time of his death. In this work he assisted with his customary vigour and earnestness of purpose the "fathering" of post-graduates from overseas being his especial care.

Among other distinctions he was one of the Honorary Librarians of the Royal Society of Medicine, and a former President of the Medical Society of London and of the Hunterian Society. He was a highly successful teacher, stating his views with deliberation and lucidity, and a certain dogmatism reminiscent of our old teacher Harrison Cripps, who was wont to say, "To teach, one does not need to know much, but one must know it thoroughly and well."

Carson was not a prolific writer. He was the Editor of *Modern Operative Surgery*, to which he contributed several articles on abdominal surgery, and at an earlier date published a small volume on Surgical Diagnosis. At the medical societies, however, he was a frequent speaker, his utterances being characterized by the same clearness and lucidity as his teaching. Dialectical exercises did not interest him. He stated his views, but rarely argued.

Tall, of athletic build, with a pleasing, soft voice and ever cheery greeting, his was a personality which made many friends. His aim was always to please, never to antagonize. During all the years I knew him I never saw him ruffled or put out. Although he lived a strenuous life he never became one-sided, and had many interests outside his profession. He was a first-class chess player and a keen lover of cricket, and in the summer might be seen at Lord's snatching respite for an hour or two from professional work. In his younger days he was a wicket-keeper quite up to county cricket form, but curiously, he regarded batting as a waste of time. In later years he played lawn tennis well, and also attained a certain proficiency at the Royal and Ancient game, but games he played for the sake of the game, rather than with the aim of achieving particular excellence. He had a passionate love of the sea, and was never so pleased as when enjoying a holiday on the ocean.

It is interesting to reflect how often apparently trivial circumstances may determine the whole course of a

man's life. Carson's career might have been very different had it not been for his love of the sea and his skill as a chess player. Soon after he was qualified he went on a trip to the Mediterranean. During his absence he was offered a post at a provincial hospital. The return of the ship on which he sailed was delayed, and so the opportunity was lost. A year later he applied for an appointment at a hospital in a county town. On the day before he was to be interviewed by the selection committee he went down to stay with a friend. His host happened to be a chess player, and arranged that in the evening Carson should play twenty of the local players simultaneously. He had little difficulty in winning most of his games, but fortunately for him, although it seemed unlucky at that time, one of his victims was so enraged that he declined to play any more, and left the club in high dudgeon at being "made a fool of by a beardless boy." This irascible old gentleman turned out to be the chairman of the selection committee, and Carson failed to get the appointment!

To me the most striking and most-to-be-prized tribute to our departed friend is that of one of his nurses: "His place will never be filled at the Prince of Wales's. He was so kind, and interested in everything—all our studies, our social affairs here—nothing was too small for him, and we all knew he was our friend." No surgeon can have greater honour than to win the respect and affection of those among whom his daily work is done. No surgeon can have a greater privilege than to give the utmost of his help to those of "the most gentle profession" who are associated with him in his daily round. Of Carson it may be said with truth, and one could wish for no finer epitaph, "He was a friend of Nurses." "The sound of a voice that is still" will long be a fragrant memory at the Hospital to which he gave such long and loyal service.

No memorial to Carson would be complete without reference to the helpmeet who shared so fully in his work and in his play, and to whom no small part of his success was due. To her in her sorrow will go out the sympathy of all Bart.'s men, and her consolation will be that in his devotion to duty he proved himself a worthy son of the great Hospital where he qualified for his life's work.

His passing came with tragic unexpectedness. At the end of July he was at a reception for the members of the American Society of Clinical Surgery, apparently in his usual health and cheery spirits. Two weeks later he underwent a serious operation, pneumonia supervened, and he passed away on August 31st, within a few weeks of his sixtieth birthday. H. J. P.

OBITUARY.

DR. E. D. WHITEHEAD REID.

The death of Dr. E. D. Whitehead Reid, of Canterbury, on October 20th last, at the early age of 47 years, has caused the greatest grief to his many friends, and has brought to a close a life of intense activity and interest. He was piloting his own Westland Widgeon monoplane from Shoreham to Canterbury on the evening of October 19th when he had the ill-luck to run into bad-flying weather. The ground mist was gathering fast, so he decided to land before completing his journey. The tops of the trees were hidden in the mist and the monoplane failed to clear them, with the result that one wing was torn off and the machine went into a spin and crashed. Dr. Whitehead Reid was rendered unconscious and received severe head injuries, from which he died eighteen hours later in the West Kent General Hospital at Maidstone. He was a pilot of long experience and had been a private owner for ten years, being one of the first owner-pilots in this country.

Edward Douglas Whitehead Reid was born in Canterbury forty-seven years ago. He came of a medical family, with a long medical tradition—his father was Dr. Thomas Whitehead Reid, who practised in Canterbury for many years, and his grandfather was Dr. James Reid, who founded the practice at St. George's House, just before the Crimean War. Dr. Whitehead Reid was educated at Tonbridge School and Christ's College, Cambridge. At School he shot in the Bisley VIII, and at Christ's he was President of the College Athletic Club and rowed in the College boat. At St. Bartholomew's he was distinguished in athletics, and it was largely owing to his prowess that the Shield came back to the Hospital in 1909. He qualified in 1909, and took his degree at Cambridge the following year; he was then appointed House Surgeon to the London Temperance Hospital, and later House Physician to Dr. Norman Moore at Bart.'s. Owing to the death of his father he had to relinquish the latter appointment early in order to take up the practice at Canterbury. Though young for such responsible work, he rapidly gained the confidence of patients and made many friends. He was soon appointed to the Surgical Staff of the Kent and Canterbury Hospital—at the time of his death he was Senior Surgeon to that institution. He was medical officer to the King's School at Canterbury; Consulting Surgeon to the Herne Bay Hospital, and held other important appointments. During the war he held a temporary commission in the R.A.M.C., and was attached for a time to the Staff of No. 1 Red Cross

(Duchess of Westminster) Hospital at Etaples Base. Later he went to Egypt, and whilst there he learnt to fly, becoming a certificated pilot before he left the unit to which he was attached. On returning to England after the war Dr. Whitehead Reid at once took steps to become enrolled as a private owner. He was a Flight-Lieutenant in the Auxilary Air Force Service, being attached to No. 601 (County of London) Bombing Squadron, and took part in the night "raid" over London last summer. He was a careful and enthusiastic pilot, who did all that was humanly possible to eliminate risk. It was characteristic of him that he never persuaded his friends to fly with him, though if they wished to do so ti gave him the greatest pleasure. There are few among us who get through more in twenty-four hours than did Douglas Whitehead Reid. He was a man who lived intensel —worked hard, played hard, and never wasted a moment. Those who knew him in his professional life could not fail to be struck with the careful and detailed notes he kept of his cases. He was exceptionally well informed, and being equipped with first-class faculties he made the fullest use of his knowledge. His ability was recognized and widely appreciated. In spite of his many activities he found time to keep in touch with his *Alma Mater* and with various special hospitals. He was ever punctual and business-like in arranging his day.

The people of Canterbury and East Kent have lost a valued medical and surgical adviser. His many friends at Cambridge, Bart.'s and elsewhere will feel his loss, and will always remember him as one who was keen and enthusiastic both in work and play, an attractive, loyal and lovable friend. He leaves his wife, his mother, a sister and a brother to mourn his loss.

A memorial service was held in Canterbury Cathedral on Friday, October 24th. The Cathedral was filled with mourners without distinction of class or creed. The Royal Air Force was fully represented. It was a day of mourning for Canterbury. Business premises were closed during the time of the service and burial. We leave him at the Lychgate of St. Martin's churchyard, safe in the memory of his friends. The rest of that sad day is the private concern of those who are nearest to him, and must not be written. Those who watched and waited heard, after a time, the strains of the Last Post followed by—Reveille.

H. P.

DR. ADOLPHE ABRAHAMS writes:

I am glad of the permission to add a personal note to any which a more detailed biographer may contribute in memory of Whitehead Reid.

§

I cannot believe that he ever had an enemy. His strikingly handsome features, perfectly groomed appearance, his air of breeding and yet easy, friendly manner made an immediate impression on a stranger. Nor was that preliminary impression reversed or reduced by subsequent experience; his charm and courtesy were invariable. I never saw him at work as a House-Physician among the out-patients, but I know how they must have worshipped him.

Whilst never really distinguished in any branch of sport, Whitehead Reid was good or, as we used to say in the sporting parlance of those days, useful at everything. And this was characteristic of the man, that he really enjoyed sport as sport, and not for any distinction which might result from exceptional success. So he was never intrigued by the meticulous attention to details which specialization demands, but wisely preferred a versatility with moderate success but far greater enjoyment. He was a good oarsman and, as I knew to my cost, a formidable sculler. He was one of the best high jumpers at Cambridge, and though he just failed to get his Blue he was the prettiest jumper I ever saw, and would have taken first place in any competition for style. He was almost as good a hurdler and a fair runner up to half a mile. But more than all, he was an enthusiast. We won the Inter-Hospital Athletic Shield in 1908 because Reid was our Hon. Secretary. We were not a strong lot; true, we had the present Throat Surgeon, then the finest middle distance runner in the country, but one great runner does not make a team, and the rest of us were but small fry. Reid's efforts on our behalf were unremitting and his determination made defeat impossible.

Such a man was, as would be expected, an out-and-out patriot. His school, his college, his university, his Hospital, his country were all always beyond criticism. Living sixty miles from London, he nevertheless set an example by attending meetings and functions often shirked by those of us who lived round the corner, and I never met him without a feeling of intense admiration and of shame that in similar circumstances not two men in a thousand would take so much trouble. Somebody once said in my hearing, "Whitehead Reid could not possibly have come from any other hospital than Bart.'s"—a compliment, I venture to believe, equally acceptable to both the man and the Hospital which deplores his loss.

DR. LEONARD MARK: A POST-MORTEM ABSTRACT.

THE late Dr. Leonard Mark, who had suffered for many years from acromegaly, desired that when he died an autopsy should be made at this Hospital. By this generous act he hoped that the morbid changes found would be of help in studying the pathology of the disease. In this he certainly would not have been disappointed, and a detailed study of the valuable material, retained at his own request, is being made, and will be reported at a later date.

Meanwhile, however, many people have asked for a short outline of the gross changes found post-mortem. The extent and variety of these findings are a tribute to the vitality of the late doctor, who lived a vigorous life to the time of his death at the age of 75, on September 5th, 1930.

ABSTRACT OF POST-MORTEM NOTE (SEPTEMBER 8TH, 1930).

External Examination:

The body of a largely-built, thin man, showing *rigor mortis* and hypostasis. The chest is barrel-shaped and sunken on the right side. The right leg is œdematous.

Skeletal System:

The body shows the changes of acromegaly in a moderate degree.

The skull.—The vault is enlarged (25 in. circumference), and both the inner and outer tables are greatly thickened (in parts 1 in. thick). On the base the pituitary fossa is somewhat enlarged and the posterior wall of the fossa softened. The mandible is larger and thicker than normal.

The arms.—The radii and ulnæ are enlarged and the hands typically acromegalic.

The legs.—The tibiæ and feet show enlargement.

The Ductless Glands:

The pituitary gland is slightly larger than usual, especially in the downward direction. It has a soft consistency, but no other macroscopical abnormality.

The thyroid gland is enlarged.

The suprarenals and testes appear natural.

The thymus is not seen.

The Central Nervous System:

Apart from the pituitary gland (see above) and the cerebral vessels (see below), nothing abnormal is noted in the brain.

The Respiratory System:

There are old pleural adhesions over both lungs and recent pleurisy over the right base. Both lungs are congested, emphysematous, and show the changes of chronic bronchitis. In addition, the right lower lobe is consolidated and has the appearances of confluent broncho-pneumonia.

The Alimentary Canal:

This shows nothing abnormal.

The Liver:

The liver is congested. The gall-bladder is natural. The pancreas is natural.

The Spleen:

This is large and there is perisplenitis.

The Cardio-Vascular System:

The heart.—The pericardium contains a few ounces of clear fluid. The whole heart is enlarged, both hypertrophied and dilated. The mitral and aortic valves show some atheromatous thickening.

The arteries.—There is a generalized state of advanced atheroma.

The aorta: Atheroma is present in the aorta, commencing in the first part of the arch, which is somewhat dilated, becoming progressively more severe, and reaching a maximum at the bifurcation into the common iliacs. At this point the disease is very advanced.

The common iliac arteries: The right common iliac artery is almost completely occluded by a partially organized ante-mortem clot, which is evidently of some great age. The left artery is occluded by a more recent, soft, almost unorganized ante-mortem clot, which is, however, adherent in a few places.

The popliteal artery (right): This feels like a "clay-pipe stem" and is thrombosed.

The circle of Willis: There is an advanced degree of atheroma.

The Urinary System:

The kidneys.—Both kidneys are enlarged. The capsules strip with difficulty, leaving a granular surface with many small cysts. The left kidney is hydronephrotic and the right pyonephrotic. Both contain gravel and small mixed stones. In addition to these changes the cortices are diminished and contain several cysts, and the line of demarcation between the cortices and medullæ is blurred.

The bladder is not infected.

The prostate is not enlarged.

Pathological Diagnosis and Lesions found:

Acromegaly. Enlargement of the pituitary and thyroid glands. Advanced atheroma (with thrombosis of the common iliac and right popliteal arteries). Chronic interstitial nephritis (arterio-sclerotic type), hydronephrosis, pyonephrosis and renal calculi. Emphysema, chronic bronchitis and terminal confluent bronchopneumonia. EDWARD R. CULLINAN.

CLINICAL RESEARCH IN MEDICINE: POSSIBILITIES AT ST. BARTHOLOMEW'S.

RESEARCH! A word to conjure with! There's a vogue for "Research" at the moment, and the fashionable brand this season is to be "Clinical Research." Bartholomew's must follow the fashion or be rated out-of-date.

What is Clinical Research and who are the researchers?

In plain fact, every member of our profession is engaged in research, for all alike are daily called to study new problems of infinite variety. Bartholomew's Hospital and Bartholomew's men by training and by inclination have ever been engaged in clinical research, in the widest sense though without realizing the fact.

How may we win due credit for our good works?

Conventionally speaking, the term "medical research" connotes investigations conducted largely in the laboratory, and so far as these activities go, it is true enough that the practical application of many of the investigations published to-day is far to seek. A cult of pure research has arisen with men devoted to its service. Those who engage themselves in this branch of natural science may even be classified in systematic groups.

Thus we recognize—Group 1: heaven-born geniuses. Group 2: professional researchers. Group 3: amateurs of research.

No one shall deny that Bartholomew's has had and still enjoys more than a full share of representatives of Group 1, amongst the most illustrious of whom we rejoice to number men at work amongst us this very day.

Of Group 2, the "professional researchers," there are more than enough elsewhere. It seems that these make a livelihood from their investigations, and so it must often happen that the ideal of original inquiry becomes a means to their end rather than their guide and inspiration. It is surely because of such that "research" is in danger of becoming a byword in public esteem.

Thirdly, there are the amateurs, to which group the whole body of the profession belongs to a greater or less degree. I particularly wish to be associated with this honourable body and to be counted of their number. The idea is in my mind that the amateur devotes himself to his task as much for the love of it as for any other reason. No amateur rides his hobby long unless he possesses some aptitude in its management.

So let us comfortably agree that we at St. Bartholomew's are already immersed and engrossed in Clinical Research, each and all of us, and let us accept as a first principle that Bartholomew's men in general owe their fine professional aptitude to their proficiency in this branch of medicine, just as it cannot be denied that the crown of research owes laurels to Bartholomew's men. Then how does it come about that the outside world demands to know:

"What clinical research is going on at Bart's?" and seemingly asks in vain!

We do not lack "professors" in the van of progress, and the serried phalanx of our "units" ever fronts the fight against disease!

Is it, in Yankee phrase, that we fail to "tell the world" sufficiently of our doings? Is our accursed modesty our bane?

It has always seemed to me that an immense amount of good work is done year by year in the wards and laboratories of the Hospital which, in our unassuming way, we have labelled routine investigation, but which, with a little direction and arrangement, might have been put into a form suitable for publication and much useful information made accessible. All my professional life I have been at a loss to find an answer to questions the reply to which could be furnished by any general practitioner of experience. I am constantly questioning myself as to the significance of this or that abnormality. How is life to be lived by my patient? What will be its duration, and how will it end? The answer to these questions is scarcely to be found in print, yet generations of men before me have held this knowledge in their hearts and died without revealing it.

It seems, then, that the material is at hand, the observations made and usually recorded, but the analysis is lacking. The final stages of co-ordination and publication are seldom completed. We are, in the main, poor historians of our own deeds, and it is to be observed, without cynicism, that by a trick of fate those whose writings are most readable seldom write anything worth reading. In other words, a graceful literary style and the capacity for first-class original work do not often go together, or we should have libraries full of

much needed information and medical science would be half a century ahead of to-day.

The germ of my idea for the further development of clinical research at St. Bartholomew's begins now to appear. All we need is a little systematization, a little more co-ordination, and a great deal more help and encouragement for men who would like to do some original work, but don't know what subject to choose or how to begin.

Some humble fellow might be found, dressed in the sackcloth of our common garb rather than the flowing academic robes which drape the chairs of Universities, in whom those unhappy men, the chief assistants in medical wards, might confide. I picture them unhappy and I believe my estimate is just—there seems so little for them in their lives when the brief irradiation of their chief ceases to shine and his ward-round is ended.

How may we set our house in order and produce better work to the honour and glory of the Hospital, which is our duty, and to satisfy popular demand, which is expedient?

Sir Thomas Lewis would have it that we should specialize further, and set aside men to be trained in research to the exclusion of every other interest. It seems to the writer that Lewis is unduly influenced by his experience with heart disease. It is exceedingly doubtful whether the disorders of other systems of the body are susceptible to the methods of investigation employed in the study of the almost purely mechanical problems afforded by the heart. Far better to follow Moynihan's counsel to the physiologists and promote a closer union between the practical and theoretical aspects of medicine, by insisting that every investigation shall begin at the patient and be directed to the solution of practical problems. Thus the fine old Bart.'s tradition is maintained, that experience must be gained by study at the bedside and by no other means.

It were easy to follow other schools, and appoint a senior official in charge of a special research department of the Hospital. This entails new buildings, new staffs, new equipments and new costs. Those of us who know the Hospital would question the desirability of "multiplication of mandarins" in the comparatively restricted compass of a single medical school. Moreover, the constitution of a separate " unit " smacks altogether too much of that odious thing, research to order. The Hospital is already rich in talent and neither needs nor seeks another director. But it is not to be expected that men preoccupied with advanced research will spare time to organize and direct the first steps of beginners, however generously they are prepared to give advice and assistance at a later stage. The soil must be prepared on which such priceless seeds are sown.

In ancient days the first care of the Hospital was to heal the sick within its walls; to-day the education of students to become first-rate doctors is a duty of almost equal importance.

There can be no question of the value of original work in teaching a man to think for himself, to make proper use of the work of others and to express himself intelligibly. The status of the medical chief assistants would be enormously improved and the interest of their work greatly increased if the conduct of a piece of original work were made a necessary condition of their appointment. The subject for inquiry might either be suggested by the physician concerned or by the assistant himself, to be submitted to his chief for approval.

The actual conduct of the work and the details of experiment would call for the supervision of a competent senior, below the rank of professor but of the status of senior demonstrator or lecturer, who would also be responsible for preparing the work for publication either in the Hospital *Reports* or, if suitable, in the general medical press.

So far from being deplorable, as Sir Thomas Lewis urges, publication affords the only legitimate means for recording original work, for it must be remembered that the profession of medicine does not permit the "patenting" of new discoveries. At the same time, the need for more conciseness and logic in the writing of scientific papers is clear to anyone who cares to scan the pages of current periodicals.

It would be no bad thing if the St. Bartholomew's Hospital *Reports* included each year a very brief statement of research in progress within the Hospital walls, with a summary of results, if for no other purpose than to let men know where they may look for collaboration and to increase their respect for their colleagues.

In this way it would not be long before lines of research would develop, to be followed up by successive holders of a particular clinical post, so that work on certain special subjects would become identified with the Hospital rather than, as heretofore, with the names of particular individuals.

Mayhap in the fullness of time men may be found, gifted with special genius for original work, competent to devote their whole time to discovery and even worthy to hold permanent office on the Hospital Staff. For in truth the ability to undertake original work and produce results of value can neither be bought nor sold and, like all artistic achievement, is largely a fortuitous outcome of circumstances over which the worker himself has only limited control. Hence many a man does but one good piece of original work in a lifetime and no more.

It is so important at the moment that enthusiasm and ideas should be encouraged. Repeated sterilization

of hope leads in the end to cynicism, and thence by way of indifference to nullity. Wilfred Trotter rightly questions if scepticism be indeed the highest flower of the scientific spirit. "Let us not shun," he says, "the painful irruption of new ideas. . . . The truly scientific mind is altogether unafraid of the new . . . it will not grudge to any unfamiliar conception its moment of full and friendly attention."

How much does the physician at a teaching school owe to the stimulus and original ideas of the students he instructs, who force him to review every problem from other angles than his own? Only one thing is precious in science—original thought. There are a thousand operatives who can undertake the mechanical study of a stereotyped problem.

The Department of Pathology at Bart.'s has just been re-partitioned; there has been a re-shuffle of titles amongst the permanent officials. Suppose, before things settle down again, a sign-writer could be bribed to inscribe the magic legend, "Clinical Research Laboratory," over the room in which the medical chief assistants now work. Let this room become the rallying-ground for these men, and for all those holders of scholarships and grants for research whose studies embrace laboratory investigations as well as ward work. Some lowly shepherd glad to guide their first uncertain steps could find a corner in the same humble setting, and lo! a miracle! a clinical research scheme for which all the elements are already in being would become, without loss of time, accomplished in the sight of all men!

A final word, this adumbration is labelled "Clinical Research in Medicine." There is no message for the Surgeons—has not Lord Moynihan himself declared that the great Art of Surgery has attained perfection?

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RICHARD ARMSTRONG.

ACKNOWLEDGMENTS.

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FAMILIAL ACHOLURIC JAUNDICE.

FAMILIAL acholuric jaundice is a disease known to most medical students by name, and as the disease is not a rare condition, several examples each year are seen in this Hospital.

Acholuric jaundice occurs in two big groups—the familial and the acquired varieties. The causation of both types is obscure. The symptoms and signs in the individual are fairly similar, and the only differences are often that in the acquired form there is a lack of family history, a later age of onset, a greater anæmia, and a less marked fragility of the red blood-corpuscles.

CHARACTERISTICS OF THE FAMILIAL JAUNDICE.

The disease is characterized by a mild jaundice which varies slightly from month to month, by an enlargement of the spleen, as a rule by the absence of bile from the urine, and by an increase in the fragility of the red blood-corpuscles.

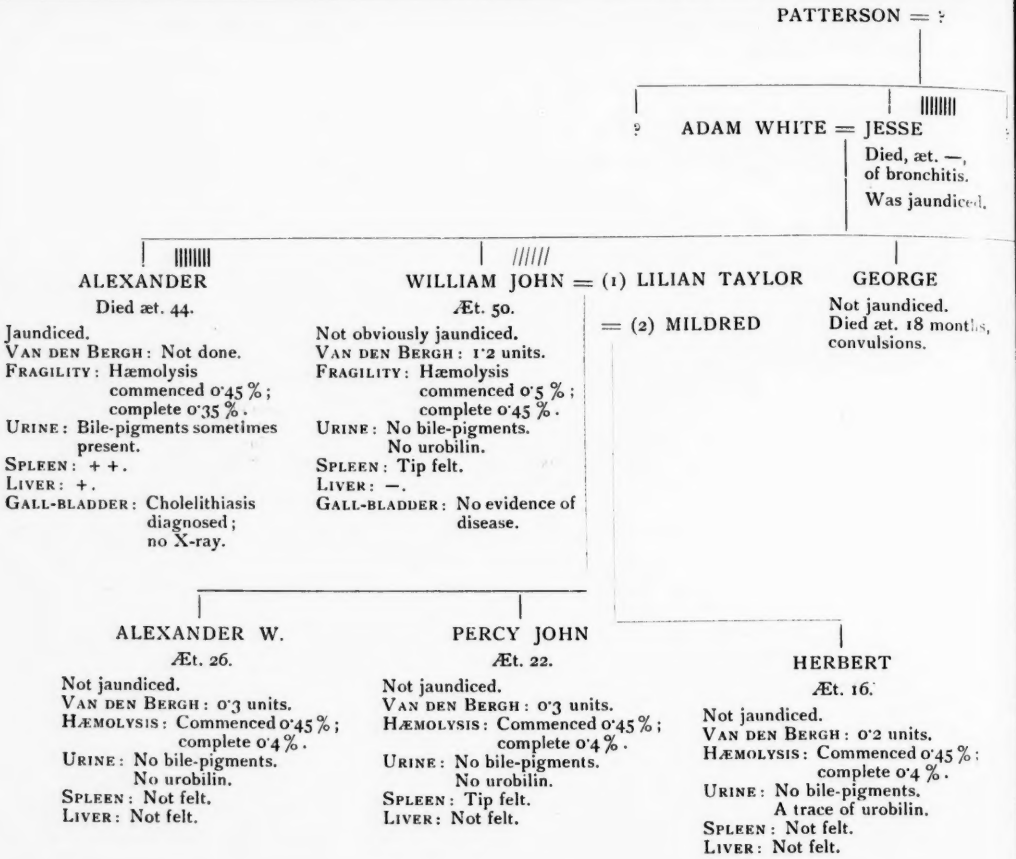
Jaundice.—The jaundice is of the hæmatogenous variety, caused by the increased destruction of the red cells and the resulting presence of more bile-pigments in the blood-stream, bilirubin and biliverdin compounds.

The Van den Bergh reaction detects the presence and measures the amount of bilirubin in the blood-stream. The reaction consists of at least two forms—the direct and the indirect. It is generally agreed that the direct reaction indicates the presence of bilirubin, serum and the diazo-reagent alone being necessary for the test. For the indirect reaction, serum, 95% alcohol, saturated ammonium sulphate solution and the diazo-reagent are required. The indirect may be present when the direct reaction is negative. It is believed that a precursor of bilirubin occurs in the blood-stream, perhaps a bilirubin protein compound which is split by the hexagonal cells of the liver into bilirubin and some other substance. This compound is also acted upon by the alcohol and split into bilirubin and possibly protein.

In acholuric jaundice it is the unsplit compound which is present in excess in the blood-stream. The Van den Bergh reaction is therefore of the indirect type, and varies from 2 units or less to 4 or 7 units.

The jaundice has not the same characteristics as in obstructive jaundice; there is no pruritus, no increased liability to hæmorrhage, no bradycardia, no xanthoma.

Spleen and liver.—Enlargement of the spleen may be to one finger's breadth, or to as much as five or six fingers' breadths below the costal margin. Enlargement of the liver, which is not usual, was present to a marked degree in one of the cases.

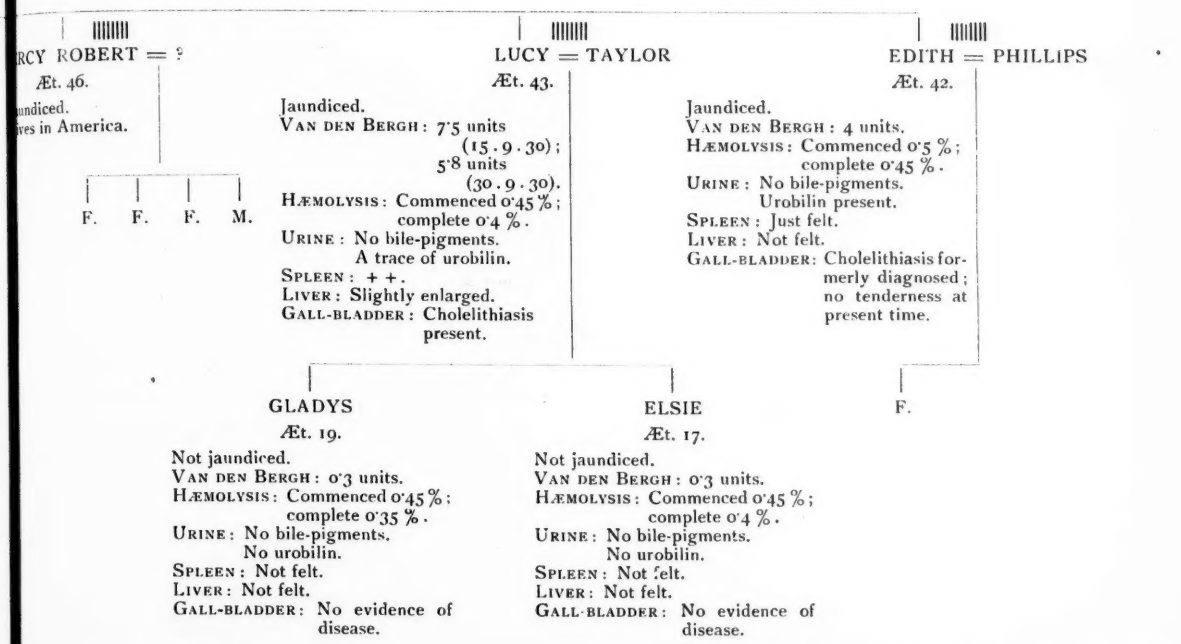


Fragility.—The fragility of the corpuscles is increased as a general rule. Normal red blood-corpuscles commence to be hæmolyzed in 0·42% saline, and are completely hæmolyzed in 0·35%. In acholuric jaundice hæmolysis may commence in 0·6 or 0·7% saline, and be complete in 0·5%. In the family to be described the fragility was only very slightly raised—a rather unusual feature. It is said that patients may have "crises" in which the fragility rapidly increases, and this may be associated with an increase in the jaundice.

Urine.—The kidney threshold for bilirubin is normally 4 units, but in acholuric jaundice 7 units have been present in the blood-stream without bilirubin being present in the urine, indicating that the threshold has been raised. Though urine is generally free of bile-pigments, occasionally bile may appear for short periods as the icterus waxes, to disappear again as the icterus wanes. It must, however, be borne in mind that an associated cholelithiasis may be the cause in some cases of this bilirubin excretion.

The urine does, on the other hand, often contain urobilin in increased amounts. Bile-pigments in the large intestine are reduced by putrefactive organisms into a pigment which is partly excreted in the fæces as stercobilin and partly reabsorbed into the portal circulation and stored in the liver. Some urobilin is excreted into the urine as urobilinogen. In insufficiency of the liver and in other diseases in which liver insufficiency is probably not present, *e. g.* acholuric jaundice, urobilin enters the systemic circulation and is readily demonstrated in the urine. A saturated solution of zinc acetate in absolute alcohol is added to the urine and the mixture filtered; the filtrate gives a green fluorescence, which may be accentuated by adding one drop of tincture of iodine.

Gall-bladder.—It has long been recognized that an associated catarrh of the bile-ducts and of the gall-bladder may occasionally be present. Many recent observers have found that cholelithiasis is almost the rule in patients with acholuric jaundice who live to middle life. The stones are probably compounds of cholesterol and calcium bilirubinate, and may show extremely well in X-ray photographs.



Treatment.—The disease has been treated successfully by removal of the spleen, the jaundice thereby disappearing, although it is reported that the fragility of the corpuscles remains unchanged. But as the jaundice may be slight and there is often no other disability, patients are frequently loath to subject themselves to an operation as severe as splenectomy. Treatment by tying the splenic vessels has been carried out in America with reported success. The anæmia nearly always present should be treated with arsenic and iron, and if necessary by blood transfusion before operative procedure.

A Family Investigated.

The family whose genealogical tree is shown comes from Scotland. Two members of the family have been in St. Bartholomew's Hospital, both under the care of Sir Thomas Horder.

Alexander White, who died æt. 44, in 1923, had a large spleen and liver with no increased fragility of his red blood-corpuscles, and at one time had been thought to have biliary cirrhosis. The cause of his death is not known; it is said to have been "wasting and anæmia." While the patient was in Rahere Ward cholelithiasis was thought to be present, but no radiogram of the gall-bladder was taken. The Van den Bergh reaction is not recorded but the patient is stated to have been jaundiced, and on at least one occasion bile-pigments were present in the urine.

William John White, æt. 50, the next brother, is not obviously jaundiced, but has a Van den Bergh reaction of 1·2 units and a slightly raised fragility of his red cells.

Percy Robert, æt. 46, is in America, and is stated by his family to have been jaundiced since twenty years old.

Lucy Taylor, the eldest sister, is a patient in this Hospital now. The lady is jaundiced, and details concerning her will be given more fully at the close of this article.

Edith Phillips, æt. 42, the youngest child, is jaundiced and has an indirect Van den Bergh of 4 units and a slightly increased fragility of her red blood-corpuscles.

This woman has been yellow since birth, and when 33 years old had a sharp cutting pain in the right side of the abdomen; a diagnosis of cholelithiasis was made at the time. When aged 37 she went to live in the county of Norfolk, and since then has not been troubled with the pain. No tenderness was found in the gall-bladder region; the tip of the spleen was just felt. No radiogram of the gall-bladder was taken, as the woman was only staying a short time in London. The urine contained much urobilin but no bile-pigments.

Mrs. Lucy Taylor, æt. 43, the fifth child of this family, has been yellow all her life, the yellowness varying from time to time. When the yellowness was most marked there was greater lassitude and weakness. Six years ago she became exceedingly weak and was unable to continue her everyday work. Two years ago epigastric pain occurred half to one hour after meals, the pain passing to the middle of the back. This pain was relieved by vomiting half a pint of thick, unpleasant-smelling yellow material. Three weeks before admission she had a more severe attack of pain in the epigastrium which tended to localize on the right side of the abdomen. There has never been any pruritus.

On examination she was jaundiced, slightly anæmic, and had an enlarged spleen, which descended almost to the umbilicus; the liver was palpable one finger's breadth below the costal margin. There was tenderness in the gall-bladder region. The urine contained a trace of urobilin but no bile-pigments or bile-salts. The stools were normal in appearance and contained bile. Fragility of the blood-corpuscles was very slightly raised; hæmolysis commenced in the 0·45% saline solution and was complete in the 0·4% saline. There was more hæmolysis in the 0·45% tube containing Mrs. Taylor's blood than in a similar tube of the controls. The Van den Bergh reaction was performed twice, the first time the indirect reaction being 7·5 units and on the second occasion 5·8 units. The direct reaction was negative.

The blood-count showed a secondary grade of anæmia, the hæmoglobin being 66%, with slight polymorph leucocytosis, 8000 cells per cubic millimetre. No myelocytes were seen. The Wassermann and Sigma reactions were negative. The radiogram of the gall-bladder demonstrated the presence of calculi.

The patient is about to undergo an operation for cholecystostomy, and if possible ligature of the splenic vessels will be performed at the same time. It was thought better to leave the question of splenectomy until after the patient had recovered from her first operation, and to wait and see what effect tying the splenic vessels has on the jaundice and spleen.

On examining members of the youngest generation no evidence of acholuric jaundice was found.

CONCLUSION.

The unusual feature of this family is that the fragility of the red blood-corpuscles is either normal or only very slightly increased in any of the persons suffering from the disease; but there can be no doubt that these cases described are true examples of acholuric family jaundice. It is of interest that so far no one in the youngest generation suffers from the disease.

I am indebted to Sir Thomas Horder, Bart., for permission to publish the notes of these cases.

COURTENAY EVANS.

LENA'S CRAB

(OR, THE OLD LADY WHO KNEW).

ON November 9th, 1929, Mrs. Lena C—, already in her 63rd year, presented herself in the Out-Patient Department at St. Bartholomew's Hospital. She lived in Barking, and on her way to the City passed near another famous hospital where she had been operated upon several years before. But she kept steadfastly upon her way. She had heard about Bart.'s, and she felt that she *knew* something, and Bart.'s it was to be.

Lena was examined by a sympathetic clerk, to whom she confided that she was suffering from "pains in the chest and body, and a lump in the stomach." The pains might have been functional, but there was no doubt about the lump. It stuck out for 3 in. or more below her left ribs, and could not escape the most inexperienced fingers, hardly, even, the most unobservant eye, for Lena was terribly thin. She had "gone off her food" seven months before, after breaking her leg; for four months she had the aching pain in her stomach, which was made worse by food, and recently she had vomited her food occasionally. Altogether, she could find many reasons for not having any food at all, and only one, her determination to live, for swallowing it. Seven years or more ago she had had pain and vomited blood, and her first operation was done at the other hospital, so that the clinical picture was complete, and not even the most obtuse clinician could doubt that Lena had a cancer of the stomach. It was indeed a very large cancer, and being so easily felt might have been pronounced, by those of the dogmatic school, inoperable. ("All palpable cancers of the stomach are inoperable.") It was indeed an uncertain prospect, and the assistant surgeon put her name without enthusiasm on the admission list.

* * *

A month later Lena found herself in bed in Bart.'s. She felt herself secure. She had reached the goal of her desires, and Something (so Lena thought) was going to be Done. Her faith in the Hospital of her choice—her second choice—was unbounded, and this crab that was gnawing so relentlessly at her vitals was going to be taken right away, and she was going to live for another twenty years contentedly and painlessly in Barking, gossiping about Bart.'s, and helping others to decide to try the healing waters of the Fountain. But, alas! Lena's luck was out. It was the 13th of December. She weighed only 76 lb. She coughed, and her lungs were full of crackles. True, she had not vomited for a month, but the crab had grown larger than ever, and Lena could almost feel his separate claws. The dresser, the house surgeon, the assistant surgeon looked at her with lack-lustre eyes. Death from acute bronchitis after a probably useless operation would not be euthanasia. Even a Christmas dinner would be no use to her. Lena was sent back to Barking on December 18th, and her end was confidently stated to be near. They knew—or thought they did; but so did she, and knew she did.

* * *

Lena, in the face of Expert Opinion, could but accept their ruling, and for six miserable months she lived with her crab and tried to believe that they were right. More and more she vomited, less and less could she get anything to keep company with her crab. Even fluid took fright at the monster within her, and fled upwards with greater regularity than ever. But as she became thinner and feebler, yet the spirit within her remained undimmed. Suddenly, one day in the flaming month of July, she realized that for some time she had not coughed. Her lungs seemed to have dried up. Wonder indeed that she had not dried completely up, lungs and everything else! But at any rate the Experts had said they would do nothing because of her cough, and now she had no cough, so they couldn't refuse any longer. Lena pulled herself up into a chair at the table and proceeded to write a letter, a personal appeal, to the asssistant surgeon. She was so feeble that she could hardly hold the pen, but she wrote, "I am *much better* than when I was in hospital in December. I have no cough, and I am quite sure that something can be done to help me at the hospital." She had to add, "I am vomiting so much that I have had practically no food or drink for more than three weeks, and I can't go on for long like this." When the surgeon read this appeal from someone who, according to all the rules of the game, ought to have been dead several months before, he felt that she must at any rate be seen, though of course it couldn't be of any real use, and he wondered what he should say to her. A few days later Lena dragged herself to the Hospital. She didn't know, she said, how she got there. She lay upon a couch in the surgery, a little desiccated object, the skin hanging in folds round her small bones. She weighed scarcely more than 4 st., but still she was able to make an appeal that was almost fierce in its confident intensity. "I feel," she said, "that if only this lump were gone, I should be quite well," and as she spoke she made a movement with her hands as of tearing something from her stomach. "It's only my own spirit," she added, "that is keeping me alive." No refusal was any longer possible. The surgeon became filled with something of Lena's own confidence. There was no bed vacant at the moment, but no time was to be lost. She was sent home in a taxi, brightly assuring the surgeon that she would get to the Hospital somehow as soon as she was sent for.

A few days later, on July 16th, she was back again in the ward, and she seemed to irradiate confidence from her exhausted frame. She was put immediately on continuous rectal saline with 10% glucose, and her mucous membranes sucked it up like blotting-paper. In thirty-six hours she had absorbed 150 oz., but had taken nothing by the mouth. The operation was arranged to take place on July 18th. Anæsthesia was obtained with an injection of hyoscine-A mixture, a mid-line and subcostal infiltration with 0·5% novocaine, and a minimal amount of gas and oxygen. The abdomen was then opened through a mid-line incision above the navel. The lower half of the stomach was found to be filled with a massive cancer, but in spite of its size, it was not adherent to surrounding viscera. Certainly it could be removed, but there must surely be secondary growths. Almost incredulously the surgeon searched Lena's inside, but her crab was clearly celibate; there was no offspring anywhere. Without waste of time it must be taken out, and the work immediately began. When the greater curvature of the stomach came to be freed it was found that the transverse mesocolon was caught up in the growth, and though the colon itself was free, the middle colic artery was deeply involved for a considerable distance. There was no time for regrets or timidities. The middle colic artery was clamped and divided, and the transverse colon was invited to turn blue. Two-thirds of the stomach was removed, and the stump joined to a short loop of the jejunum. The transverse colon remained a smiling pink.

* * *

Lena was back in bed again, still too drowsy to be able to enjoy her triumph properly, but with an unmistakable air of complacency. During the stress of the

operation she had allowed her pulse-rate to rise from 70 to 80, but she soon brought it down again to 70. Her crab was gone, and now she was well. No more vomiting for her. She dismissed the pewter with a gesture of contempt. Six days later she announced that she felt hungrier than she had done for years, and on the 28th day after her operation she walked firmly out of the Hospital, undeniably weighing more than 5 st., and looking forward to a prolonged and triumphant convalescence. Two months later she had not completed her round of the available convalescent homes, and evidently Sister was being boundlessly indulgent. But by now she has tripped back to Barking, and the story that she has to tell is providing an endless source of satisfaction to the circles of her acquaintance.

Lena's brief history provides much material for reflection, but the outstanding question remains—how did she know? Apparently she knew quite positively—(1) that her crab could be removed; (2) that it was childless; (3) that her transverse colon didn't need a middle colic artery; (4) that whatever else happened she was going to get well. Probably the explanation is that she knew none of these things, but that she did know two others: (1) her own indomitable spirit; (2) the reputation of Bart.'s.

ST. D.

A CASE OF VOLVULUS.

BG—, a young woman, aged 23, was admitted to Harley Ward in March, 1929. Since a child she had suffered from irregularity of her bowels and indigestion, being especially nauseated by any fat in her diet. Two years before admission she had an attack of severe pain relieved suddenly by treatment with enemata.

On March 21st, 1929, she had an acute attack of pain across the lower abdomen. The pain was spasmodic in character and accompanied by a continuous ache, but did not radiate. During the next forty-eight hours, before admission to the Hospital, the pain continued and she vomited eight times. Latterly the vomit was green and of a very foul odour, and her bowels had not been open since the attack of pain commenced. Two enemata were administered in Surgery Ward without the passage of fæces or flatus.

On admission the patient looked ill. There were sordes on the lips and the tongue was furred and dry. Temperature 99° F., pulse 88. The abdomen moved poorly, but was only slightly distended. There was some rigidity and tenderness, but no tumour was palpable and there was no visible peristalsis. Borborygmi were present on ausculatation. Examination of the rectum and the urine yielded no information.

On operation only small intestine was found in the right iliac fossa and this was plum-coloured. The cæcum, appendix, ascending colon and half the transverse colon were found to be freely mobile and devoid of peritoneal attachments. They were engaged in a volvulus twisted counter-clockwise through 520° and, in the original twist of 180°, the whole of the small intestine was also involved. The total length of the small intestine was found to be 7 ft. 7 in. and the base of the mesentery only 2 in. instead of the normal 6 in. The appendix was rather turgid and an appendicectomy was performed, followed by a colopexy, the parietal peritoneum over the right quadratus lumborum muscle being sutured in front of the ascending colon. The recovery of the patient was rapid, and when seen three months later she was in perfect health.

The points in the case that are typical of volvulus are the history of a previous attack which suddenly disappeared under treatment with enemata. There is the sudden onset and character of the pain, the constant ache due to the twist, and the colic due to peristalsis. The temperature and pulse-rate were neither very high, and the condition of the patient was not so grave as in strangulation.

The interest of this case lies in its relation to the mode of production of volvulus of the small intestine and cæcum, and also on account of the extreme shortness of the small intestine.

Hutchinson records nine cases of volvulus involving the whole of the small intestine, cæcum and ascending colon. In all these cases the volvulus took place in a counter-clockwise direction, and he suggests that it is due to a continuation of the developmental rotation of the intestines in the fœtus, which is allowed to continue owing to the lack of attachment of the ascending colon.

As regards the length of the intestine, there is a case recorded of a girl who died following a resection of the small gut, the original length of whose small intestine was only 6 ft.

Marshall Flint, in experimental intestinal resection in dogs, found that after recovery there was an increase in diameter of the intestine with hyperplasia and hypertrophy of all its coats, but no change in length, and Sarnoff records an increase in gastric juice and decrease in peristalsis of the remaining gut. Flint discovered that the compensatory mechanism broke down on a diet containing much fat, protein appearing in the stools and the animals losing weight. This is of particular interest in view of the natural inclination of the patient under consideration to restrict so rigidly the fat in her diet.

I should like to express my thanks to Mr. Roberts for allowing me to publish notes of this case.

G. D. KERSLEY.

SOME HISTORICAL ASPECTS OF RENAL TUBERCULOSIS.*

THE history of "renal phthisis" scarcely antedates the past century, but nevertheless the morbid appearances of the disease were recognized and described in ancient times.

One of the first to describe the post-mortem aspects of genito-urinary tuberculosis was Morgagni in his *De Sedibus et Causis Morborum*. In 1726 he performed an autopsy on a woman whose kidneys he describes as being "unequal in their surface and variegated with white spots where their surface subsided; the urinary bladder was internally red and in the thorax and belly there was some water which was very foul." This was apparently a case of miliary tuberculosis with secondary renal involvement.

In 1747 he performed an autopsy on a man, æt. 56, "who gained a sorry sustenance in the streets by picking up melon rinds or anything else that could be found." This man was brought to the hospital on account of fever and a "sense of suppression" in his thorax. He at first got better, but again returned to hospital so emaciated and so broken down by disease that he soon passed away from this life. At the autopsy his kidneys were found to be eaten away and to contain cheesy material, while in his lungs were seen many tubercles.

Again, in Letter XXXXII of *De Sedibus et Causis Morborum* he describes a most interesting case: "A knight of six and forty years of age, who was formerly fat but was now slender and of a sallow complexion inclining to paleness, had begun to be troubled eight years before with many and various disagreeable symptoms on account of many and various errors in his diet, exercise, attention of mind, watchings and venery." Firstly he was infected with the lues venerea but was cured of this by a proper medical *régime*. He was, however, attacked a second time, more violently than before by the same disease. "For besides the pain in making water, an involuntary discharge of the urine, a purulent sediment therein, a pain in the stomach, he had vomitings, by means of which he threw up veal that had been eaten five days before without any change therein." This poor gentleman finally got weaker and weaker, his pulse being very quick and turgid, his pain in making water ever increasing and he had a viscid and tenacious spitting, till he finally died convulsed. At autopsy "the lungs appeared sound except for some stony concretions, but when the belly was opened the kidneys appeared to be less than their normal size and of an unusual kind of figure and to have many protuberances here and there externally. These tubercles, when cut into, showed a sanious humour, for which a passage was opened into the pelvis. But in the urinary bladder, in which particularly about its neck the root of the disease was supposed to exist, by the unanimous consent of many learned men, nothing appeared in any parts that was worthy of remark except a slight erosion about the orifices of the ureters."

Valsalva supposed, and with very good reason, that this dissection might be a lesson of some importance to those present, as it might make them cautious in determining the seats of disease when they relate to the urinary parts.

The study of these cases is particularly interesting, for although phthisis of the kidneys was recognized at this period, yet, when we examine the modes of treatment of such a condition, we find that very little could be done. Patients were advised to take all sorts of herbs mixed with human or animal excreta.

The value of fresh air and exposure to the winds of heaven was recognized as being a factor in the treatment of all forms of phthisis by certain physicians, but beyond these simple measures there remained little hope for the patient with renal tuberculosis before the nineteenth century for whatever stage his disease had evolved.

We may say with confidence that the mortality of this disease before the middle of the last century was 100%. To-day it is about 35%, if taken as a figure to include all stages of the disease.

To what may we credit this outstanding drop in mortality but to the discoveries of the last century?

First and foremost to the invention of the cystoscope by Nitze, the story of which is full of interest and will be dealt with at a later stage; secondly, to Listerism accompanied by all the modern improvements in surgical treatment; thirdly, to Koch's discovery of the tubercle bacillus; and finally to the development of pyelography and radiography.

NITZE: THE CYSTOSCOPE.

The invention of the cystoscope takes first place, because without it, renal surgery, with all its aseptic methods, would be helpless to-day in diagnosis, and because the performance of a nephrectomy without ascertaining that the disease was unilateral would be courting disaster.

The first attempt at internal examination of the bladder (or endoscopy) was in 1805, when Dr. Bozzini invented an apparatus which he termed the "light conductor." This consisted of a hollow bone urethral tube through which the light of the sun was admitted; the instrument, when shown before the Medical Faculty

* Being the major portion of the historical survey from the Bentley Prize Essay, 1930.

of Vienna, was condemned on the ground that it had insufficient illumination. The idea prepared the way, for several enterprising investigators attempted to improve upon the invention, and much literature was written on the subject at the time. New inventions were forthcoming, and in 1825 a certain John Fisher, of Boston, U.S.A., brought forward a hollow metal tube by which light could be reflected into the bladder. Two years later Paul Segalas devised an improvement on the existing

FIG. 1.—THE NITZE-LEITER CYSTOSCOPE OF 1879.

urethrovesical speculum, which he demonstrated before the Academy of Science in Paris.

Desomeaux, who is known as "the father of endoscopy," opened the second great phase in the evolution of the endoscope, and to him may be credited the first practical instrument, which was produced in 1853. Twelve years later Cruise, of Dublin, made an important improvement in this endoscope, when he devised a method whereby the illumination from the edge of the flat flame of an ordinary paraffin lamp could be concentrated upon a reflector and thence conveyed through a speculum to the parts to be examined. To prevent injury and discomfort from the great heat evolved by the powerful light the lantern was made of mahogany. The speculum resembled a Coudé catheter, with a little window of glass at the angle to permit the transmission of light.

This instrument found favour with a great many investigators, and Christopher Heath used it at the Lock Hospital and introduced it to the profession in England in 1866. A few improvements were added in the manner of light transmission, but the fundamental principles remained the same until the introduction of electrical illumination in 1879.

Nitze invented his first cystoscope in 1876, but nine years earlier there had been, in Breslau, a certain dentist, by the name of Bruck, who employed a platinum

FIG. 2.—A PORTER WITH A CYSTOSCOPE (*Temp.* 1879).
(From Hurry Fenwick: *The Electric Illumination of the Bladder and Urethra*, London, 1888.)

loop, maintained at white heat by means of a galvanic battery, as a source of illumination for the examination of the mouth. He advocated that the same device might be applied with advantage to the examination of the rectum and bladder. The original Nitze cystoscope had many failings, and it was entrusted to those world-known instrument makers, Leiter, of Vienna, to be simplified and perfected. The main outcome of this was an improvement in the lighting and water-cooling arrangements, whereby the famous Nitze-Leiter cystoscope was produced in 1879. At first it was hailed all the world over by medical men as a gigantic step forwards in diagnostic methods, but alas, these praisse soon turned to ridicule, for great as the step was, the instrument had many grave faults, so that for a time it fell into comparative disuse.

The instrument (Fig. 1) itself was constructed in the

form of a bladder sound of No. 21 French catheter gauge, with a sharp elbow and a longish beak. The window (*f*) was placed, depending on the part of the bladder to be examined, either in the cavity of the elbow (for the anterior wall, neck and sides [A]) or in the convexity (for the posterior wall and base [B]). The beak (*c*) carried the electric bulb, and the shaft (*aa*) contained the telescope, the water-cooling tubes and the insulated wire from the battery to the lamp. The obturator (*b*) end was furnished with tubes connected with a water reservoir, so that a continuous stream of cold water could be kept running in order to absorb the great heat emitted by the platinum loop when in action; it was also furnished with a grip by which the connecting cords to the battery could be attached.

The heat emitted by this instrument when in action was so great that the water-cooling apparatus was indispensable; also to obtain a continuous illumination a constant current of a certain intensity was needed, which necessitated the use of a large and cumbersome battery. The ease with which the apparatus fused required the services of a skilled electrician to be handy at all times. Sir Henry Thompson, whilst demonstrating its use at the Royal Medical and Chirurgical Society in 1880, remarked that the instrument "should be under the care of a person well versed in the use of a galvanic apparatus and competent to adjust or repair, if necessary, the very delicate details which formed the essential parts of this somewhat complicated but very complete instrument."

It was too complicated, too cumbersome (Fig. 2), too unreliable and too costly to be of general service to the surgeon.

The next step in the evolution of the cystoscope was the invention by Edison in 1887 of the incandescent lamp, which replaced the platinum loop as a source of light. After this other improvements soon followed. Boisseau du Rocher in 1889 invented what he called a megaloscope, which was an instrument similar to the Nitze-Leiter cystoscope, but without a prism. This instrument also was very difficult to use and quite unsuitable for the required purpose.

Irrigation of the bladder was not possible when using the older Nitze cystoscope, and in 1888 an improvement was made whereby the process could be carried out.

The first direct catheterizing cystoscope was presented by Brenner to the German Surgical Congress in 1887; it consisted of a tube through which he attempted to pass catheters up the ureters of female patients. The performance of such a feat was accomplished by moving the whole instrument about into the required position. He succeeded in the case of one female, but entirely failed in the case of a male.

Five years later, however, James Brown, the predecessor of Young at the Johns Hopkins Hospital, modified the Brenner instrument, and had the honour of being the first to catheterize the male ureter through a cystoscope on June 9th, 1893.

In the following year Nitze, determined not to be outshone by the inventions of others, devised an indirect catheterizing cystoscope. In previous instruments the catheter emerged in the long axis of the instrument, which made it extremely difficult to direct it into the ureteral orifice, but Nitze's improvement provided a tube which came off at an angle and directed the catheter towards the ureter when the instrument was in position: therefore in spite of the fact that Nitze was not the first inventor to construct an instrument for ureteric catheterization, he was the first to construct one on the right principles.

Other modifications soon evolved, all of which are extremely interesting, but cannot be described in further detail. Of the part played by instrument makers in the evolution of the cystoscope one must mention the names of Leiter of Vienna, Wapple in America, Loewenstein and Wolf in Berlin, and Colin and Drapier in France; to them is much credit due for the co-operation which they gave in helping and developing the ideas of Nitze and others.

Of urologists and medical men who played an important part in this evolutionary process, the names of Gueterbock, Kollmann, Albarran, Pilcher, Buerger, Caspar, Young, Hurry Fenwick and many others must not be forgotten.

In conclusion it will not be out of place to quote the words of Andrew Fullerton,* who says:

"Those who have grown up with the cystoscope can have no conception of the thrill experienced by one who, accustomed to older methods of examination, was privileged for the first time to obtain a view of the healthy bladder by the new instrument. As he viewed the mucous membrane and watched the rhythmic movements of the ureteral orifices, which from time to time drew themselves up and ejected a little stream of fluid from their open mouths and subsided gradually into the resting position, he felt that a great vista of opportunities had suddenly burst upon his astonished gaze."

Before the catheterizing cystoscope had established itself various methods were used for obtaining urine separately from the two kidneys. Tuchman was the first to perform this feat by compressing one ureter at a time and allowing the urine from one kidney to collect in the bladder; he employed an instrument to slip over the elevation of the ureteric meatus, but this

* *Lancet*, December 28th, 1929, "Campbell Oration."

method proved very uncertain. Silberman proposed the introduction into the bladder through a catheter of a thin rubber bag which could be filled with mercury and made to compress the ureter; the instrument, however, was never perfected.

Wier, with a similar idea, suggested that one ureter might be compressed temporarily by introducing a special instrument *per rectum*. Other similar suggestions were made and tried, but all proved worthless. Harris, working in Chicago, devised an apparatus which could produce a watershed between the two ureteric orifices, while Luys of Paris invented an instrument which was catheter-like, and across the concavity of which a band of thin rubber was placed which could be stretched by means of a chain; when *in situ* the rubber septum divided the bladder into two long compartments, the fluid from each compartment being collected into two separate bottles. Admixture very often took place across the midline and the instrument was thus of little use. As late as 1902 Guyon invented a similar instrument, which was perfected by Cathelin. This fact shows that even at this late date the catheterizing cystoscope was not in general use.

Lister.

We now turn to the second great factor, Listerism.

So much has been written upon the benefit gained by surgery through the work of Joseph Lister that a full appreciation of the subject can be gained by merely walking into the modern operating theatre and "harking back to the olden days, and gratefully recalling the man whose labours in the past have made the present possible."

The history of nephrectomy is especially worthy of notice in the investigation of renal tuberculosis. Simon, of Heidelberg, was the first to determine whether a kidney could be removed with impunity. He performed nephrectomies on a series of thirty dogs with great success. He then carried out the operation on a young woman who was suffering from a ureteral fistula and it proved successful. This was in July, 1869.

Simon was not the first person to perform a nephrectomy, for Wallcott in this country eight years previously did a transperitoneal nephrectomy, the patient dying fifteen days later. Denham, in 1872, performed the first successful lumbar nephrectomy in this country, and since that date the operation has made steady progress. In 1879, however, Pilcher was able to find only fifteen cases recorded in the history of the time, which fact demonstrated that at the outset the operation was accompanied by a very high mortality, but the work of Lister waged its war against sepsis and the surgery of the kidney became established. We read to-day that Wildbolz,* after a series of 660 nephrectomies performed for renal tuberculosis, records a mortality of only 2·2–2·5%. What greater proof can be found of the advance of renal surgery than this fact?

Koch: Tubercle Bacillus.

The history of the third factor is common not only to this branch of tuberculosis, but to all tuberculous diseases. Morgagni was one of the first to remark upon the infectious nature of consumption, and this belief has never since failed of a following amongst physicians. Laennec tells us that at an autopsy on a tuberculous subject he cut his finger, and soon afterwards began to feel sick and showed the signs of tuberculosis. Klencke (1843) was one of the first to announce that he had injected tubercle cells into the jugular veins of a rabbit, and that twenty-six weeks later the animal showed a widespread tuberculosis of the liver and lungs.

The infective cause of tuberculosis still remained unknown, though Klebs (1877) and Toussaint (1881) closely approached the true explanation. It was reserved for Robert Koch to bring the problem to a final conclusion, and never was a man more rewarded for many unsuccessful attempts and much arduous labour in the pursuit of truth than he, when finally he was able to demonstrate fine, rod-like structures in the sections of fresh grey pulmonary tubercles of recently killed animals. This discovery was first given to the world in March, 1882, and was published in the *Berliner klinische Wochenschrift* on April 15th of that year. Speaking in 1900 Sir William Osler said: "Koch's brilliant demonstration of the tubercle bacillus had a hard uphill fight to recognition. The vested interests of many minds were naturally against it, and it was only the watchers amongst, us men like Austin Flint, who were awake when the dawn appeared."

Pathologists and clinicians were slow in acquiring the technique for staining the tubercle bacillus, and as late as 1885 Dr. Osler,† at a meeting of the Pathological Society of Philadelphia, demonstrated a slide from the urine of a case of renal tuberculosis, and the staining properties of this bacillus.

Pyelography and Radiography.

The last factor influencing this decline in mortality began in 1897, when Tuffier suggested simultaneous combination of an opaque ureteral catheter with radiography; this took place two years after Roentgen's discovery of X-rays.

* *Journal of Urology*, 1929.
† *Trans. Path. Soc. Phila.*, 1885–1887.

Schmidt and Kolisher in 1901 independently suggested the same procedure, and published radiograms which showed the course of the ureter and the situation of the renal pelvis by means of a fused wire inserted with the ureteral catheterizing cystoscope.

In 1905 Hurry Fenwick suggested the passage of a ureteral bougie whose walls were impregnated with metal, and about the same time Klose put forward the idea of outlining the urinary tract by the injection of an emulsion of bismuth. Voelcker and Lichtenberg (1906) were, however, the first to outline the ureter and renal pelvis completely by the injection of a solution of collargol (col. silver). This discovery was made entirely by accident, as the investigators were trying, at the time, merely to outline the bladder, but by injecting too much solution they caused some of the fluid to ascend up the ureteric meatus into the renal pelvis.

In 1910 Braasch called attention to this form of pyelography as an aid in certain doubtful cases of renal tuberculosis, and in the following year Lichtenberg and Dietler suggested the use of oxygen as a medium for outlining the urinary tract in such cases. About the same time Uhle and Phahler used silver iodide in the solution for injection, and finally in 1913 Doederlein and Kroenig brought in xeroform as the opaque medium.

The importance of pyelography in renal tuberculosis to-day is perhaps not so great as it is in other genito-urinary diseases, but yet its development has played a very real part in the history of the disease. The introduction of uroselectan at the beginning of the present year is surely one further step forward to the attainment of perfection in diagnostic means.

The only hope, to-day, for effecting any definite cure in this disease is by performing an early nephrectomy; this can only be possible where early diagnosis is procured.

It is the discoveries of the last century which have made this early diagnosis possible.

J. MOLINEUX JACKSON.

ABERNETHIAN SOCIETY.

The Inaugural Sessional Address was delivered before the Society in the Medical and Surgical Theatre on the evening of October 16th by the Very Reverend Dean Inge, V.O., the subject being "Racial Decay and Regeneration."

The President (Mr. Keele) was in the chair. Dean Inge's address will be published in a future issue of the JOURNAL. The address ended amid tumultuous applause, the vote of thanks being proposed by Mr. Geoffrey Keynes and seconded by Mr. Recordon. Dean Inge having replied, the meeting was adjourned.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD PAULINES.

September 27th, at Thames Ditton.

Played at the new ground at Thames Ditton, this game resulted in a victory for the Old Paulines by 9 points to *nil*. The new ground seems to be a lucky one for the Old Paulines, and their victory was decisively gained, though at one time towards the interval the Hospital seemed to be getting the upper hand.

The ball was very greasy at the start and Bart.'s adopted the proper tactics in keeping it on the ground, but the Paulines' pack was heavier, and though in the first half play was mostly in Old Pauline territory, in the second half weight began to tell and the Old Paulines started to attack.

The Old Paulines scored by Jankel; J. R. R. Jenkins equalized. In the second half Jankel and Salmons both scored for Paulines.

Bart.'s defeat was not the fault of their scrum half, J. T. C. Taylor; he did the work of three men both in attack and defence and was the best back on the field. T. J. Ryan showed plenty of pluck and judgment in kicking, but the three-quarters were, as a whole, unimpressive.

Teams.—Old Paulines: H. B. Phillips (*back*); A. Jankel, C. B. Cook, J. H. Salmons, E. A. Low (*three-quarters*); G. L. Oliff, S. M. Mischler (*halves*); J. J. A. Embleton, G. Embleton, J. S. H. King, G. M. Delafield, C. H. Dixon, R. Klemin, W. R. Scott, R. H. B. Nicholls (*forwards*).

Bart.'s: T. J. Ryan (*back*); J. D. Powell, C. B. Prowse, J. A. Nunn, L. Buckland (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); V. C. Thompson, H. G. Edwards, W. Gabb, E. M. Darmady, G. D. S. Briggs, J. R. R. Jenkins, R. M. Williams, A. T. Blair (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* ROSSLYN PARK.

October 4th, at Old Deer Park.

This was played in fine weather before a good crowd and resulted in a win for the Park by 19 points to *nil*.

Both sides played fine bustling football, and it was the kicking and tackling of E. W. Hunt, the Park full back, that prevented the Hospital scoring when they gained a footing close to the Park line late in the first half. Great credit must be given to the Hospital forwards, five of whom were newcomers. On the defence they tackled strongly, they were out-scrummaged and out-manœuvred, but they put up a very good fight. R. M. Williams, V. C. Thompson and J. R. Jenkins were always prominent, and H. G. Edwards got in some good work. Bart.'s backs struck an off day, and with Nunn injured soon after the interval, they were unable to put up any dangerous attacks.

Team: T. J. Ryan (*back*); J. D. Powell, C. B. Prowse, R. M. Kirkwood, C. F. Petty (*three-quarters*); J. A. Nunn, J. T. C. Taylor (*halves*); K. P. Smith, H. G. Edwards, J. M. Jackson, R. N. Williams, A. T. Blair, W. R. Gabb, V. C. Thompson, J. R. R. Jenkins (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD ALLEYNIANS.

October 11th, at Winchmore Hill.

Thanks chiefly to the superiority of their forwards in the set scrums, this game resulted in a victory for the Old Alleynians by 17 points to 6.

In the first half the Old Boys lost the services of Chapman, who broke a leg, but the game was bright and open, with fierce forward play and relentless tackling. Taylor played well, but was too closely marked to be as effective as usual. Actually Bart.'s should have done better than they did, but they missed several chances by faulty passing, whereas the Old Alleynians came through the game very well in this respect.

T. J. Ryan kicked the two Hospital penalty goals, while for the visitors Frankford (3), Miller and Stark scored.

Team: W. D. Bell (*back*); L. H. Buckland, T. J. Ryan, C. B. Prowse, J. D. Powell (*three-quarters*); A. H. Pirie, J. T. C. Taylor (*halves*); E. M. Darmady, A. Barber, K. P. Smith, R. N. Williams, J. M. Jackson, J. R. Jenkins, W. Gabb, V. C. Thompson (*forwards*).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* BECKENHAM II.

October 11th, at Winchmore Hill.

To lose this game by a narrow margin was not really discouraging; it was our first match of the season and our opponents had played several times before.

Pressing hard for the first twenty minutes we were a little unlucky not to score, and by half-time, with the score still 0—0, we had really had the better part of the game.

Early in the second half Berry scored for Beckenham from a corner—a fine shot which gave Smallhorn little chance. After this we had a serious lapse, allowing them to score twice more, but we soon retaliated with goals from Snell and Henton-White.

At right-half Heasman played well and Lloyd-Williamson had some good runs down the wing; Iliff worked hard in the centre and gave the forwards many good passes.

The last ten minutes of the match were exciting, but we were unable to score again, though Henton-White nearly equalized with a hard shot just a couple of inches outside the posts.

Team.—T. Smallhorn (*goal*); D. Gale, P. M. Wright (*backs*); L. Heasman, A. D. Iliff, J. H. Hunt (*halves*); J. C. F. Lloyd-Williamson, L. P. Jameson-Evans, F. C. Henton-White, V. C. Snell, J. Symonds (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* WOOLWICH GARRISON.

October 18th, at Woolwich.

Playing at Woolwich on a fast ground we deserved to win this game, even though we started badly, allowing the Garrison to score twice in the first few minutes.

We were playing downhill and pressing hard, but the opposing backs cleared well and kept us out until just before half-time, when Heasman scored our first goal. Soon after we had changed over Williams and Jameson-Evans gave us the lead with two more goals—a lead we were able to keep to the end of the game.

Playing for the first time at outside-right, Henton-White gave the Garrison many anxious moments, and at left inside Heasman played a hard game; Hodgkinson in goal saved several good shots, his novel pair of boots proving a great success.

Team.—H. L. Hodgkinson (*goal*); D. Gale, P. M. Wright (*backs*); V. C. Snell, A. D. Iliff, J. H. Hunt (*halves*); F. C. Henton-White, L. P. Jameson-Evans, A. G. Williams, L. Heasman, F. Symonds (*forwards*). J. H. H.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL.

October 4th, at Chiswick.

This fixture was more in the nature of a trial game, both 1st and 2nd XI's opposing the two Thomas's XI's.

The 2nd XI played first, and were successful in beating Thomas's 2—0. Bart.'s were superior in every department of the game, and were especially well served by their halves.

After a keenly contested game the 1st XI drew 2—2. In the first quarter of an hour the Thomas's forwards attacked keenly, and at half-time Thomas's were two up. In the second half, however, the Bart.'s forward line showed much better combination and Thomas's were on the defence for the whole of this half. R. G. Gilbert scored twice for Bart.'s, and we were unlucky in not adding to the score.

Team.—D. J. Johnson (*goal*); R. MacGladdery, H. J. Roache (*backs*); F. E. Wheeler, C. A. Keene (capt.), G. H. Brookman (*halves*); B. F. Jackson, R. Shackman, R. G. Gilbert, C. M. Dransfield, W. Hunt (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.M.A. WOOLWICH.

October 11th, at Woolwich.

The whole team showed combination that was a great improvement on the previous game. The forwards pulled very well together. C. M. Dransfield being especially prominent. The halves easily held the R.M.A. forwards, A. Hollinrake doing very good work in this respect. Bart.'s scored five times to the R.M.A.'s once. Scorers were: C. M. Dransfield four, L. McAskie one.

Team.—W. A. Owen (*goal*); R. MacGladdery, H. J. Roache (*backs*); F. E. Wheeler, C. A. Keane (capt.), A. Hollinrake (*halves*); W. Hunt, R. Shackman, R. G. Gilbert, C. M. Dransfield, L. McAskie (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* DOWNING COLLEGE, CAMBS.

October 18th, at Cambridge.

This match resulted in a win for Downing by 2—0. In the first half the play was extremely fast, the ball going from one end of the field to the other. Several times our forwards looked like scoring, but the shooting was erratic. The defence was very hard pressed at times, the Downing forwards being very quick on the ball, and their superior shooting put them two up before half-time. In the second half Bart.'s were mostly on the defensive, the forwards never getting together. The defence, however, held, R. A. Wenger clearing some very hard shots. The team, on the whole, were too slow in tackling, and showed a lack of combination among the forwards:

Team.—R. A. Wenger (*goal*); R. MacGladdery, H. J. Roache (*backs*); F. E. Wheeler, C. A. Keane (capt.), G. H. Brookman (*halves*); W. Hunt, R. Shackman, R. G. Gilbert, C. M. Dransfield, L. McAskie (*forwards*). H. J. R.

CORRESPONDENCE.

THE LATE SIR FRANCIS CHAMPNEYS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—All who knew the late Consulting Physician Accoucheur to the Hospital will feel grateful for the obituary account of his life and work, given to the October number of the JOURNAL in the way that Sir D'Arcy Power alone could give it. May I, however, offer a correction? Sir Francis Champneys did not perform laparotomy, but he carried out all the other surgery of his specialty himself. To assist him in a vaginal hysterectomy was a lesson in patience and dexterity.

Yours faithfully,

London, N. 6; A. R. NELIGAN.
October 23rd, 1930.

MUSEUM MUSINGS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The belief expressed by John Landon in his "Museum Musings," contributed to the October issue of the JOURNAL, that "people have come great distances to see the original specimen of carcinoma of the nipple, described by Paget," though pious, is unfounded. A visitor to the Museum will search in vain for the original specimens of *Trichina spiralis* and of Paget's *Disease of the Nipple*. Our glowing affection for Paget's name and our legitimate pride in his illustrious achievements are inexhaustible, but our Museum takes little part in the exaltation of his memory. Some time ago (*St. Bartholomew's Hospital Journal*, 1929, xxxvi, p. 140) I suggested that a little cabinet might be reserved in the Museum to display those historical specimens which are milestones in the progress of pathology. Though encouragement has been lacking where it should have been insistent, I am by nature an optimist. The day will come when my fond imagination will be like Adam's dream, who awoke and found it truth.

I am, Sir,
Yours faithfully,

Shadwell, E.; W. R. BETT.
October 13th, 1930.

REVIEWS.

BOWLBY AND ANDREWES' SURGICAL PATHOLOGY AND MORBID ANATOMY. Eighth edition. Revised by GEOFFREY KEYNES, M.A., M.D., F.R.C.S., Assistant Surgeon, St. Bartholomew's Hospital. (London: J. & A. Churchill, 1930.) Pp. 644. With 224 illustrations. Price 21*s*.

Bowlby and Andrewes! Generations of Bart.'s men have spoken of it with affection as their text-book of pathology and surgery in one. Indeed, some used to boast that, with the exception of the patient, this was the only book on surgery which they ever read. To the surgical dresser it was the guide-book to that vast new country in which he was let loose. Those about to face the examiners rejoiced in its classical brevity and in the clearness of its diction. Even the lions hot on the trail of the Fellowship were not too proud to be seen with this book. To them Bowlby was the ideal teacher,

who in his crisp and forcible style taught the very kind of pathology which they needed in surgery.

Having served his apprenticeship in the museum and the post-mortem room, Bowlby had broken the tradition that it was proper for a surgeon to pass through the portals of the dissecting-room to the serenity of the staff. *Surgical Pathology* was first published forty-three years ago at a time when pathology was just beginning to be recognized, if not as the mother, at least as the nurse of surgery. The success of later editions was enhanced by the facile pen of that master of scientific writing, Sir Frederick Andrewes, whose chapter on "Diseases of the Arteries" has become classical. The seventh edition appeared in 1920, and, if it is true that it takes ten years for new facts to find their way into a text-book and twenty years for wrong statements to make their exit, a new edition was urgently needed.

Mr. Geoffrey Keynes, asked by Sir Anthony Bowlby in 1928 to prepare the eighth edition of the work, has brought to the task the reputation of a sound pathologist, of an up-to-date surgeon, and of a lucid, painstaking teacher, the meticulous care of a bibliographer, and the piety of a Bart.'s man. His aim to "maintain the general character of the book unaltered, whilst making the information as accurate as present knowledge allows," is ambitious enough, but the fruit of his labour can only be described as a literary event for a much wider circle than Bart.'s. The familiar red cover of 1920 has given place to green, and truly may it be said that the green years linger in the pages.

The introduction of countless minor alterations and the extensive revision of many sections have eliminated very little of the original matter of the book. Whole paragraphs, unsurpassed for their lucidity and directness, remain word for word, and the chapter on Diseases of the Arteries survives undisturbed.

The sections on tumours of testis, kidney, and parotid, on renal tuberculosis, and on scrofula have been modernized. The hand of revision has left its deepest impress on the accounts dealing with diseases of the thyroid (illustrated by excellent microphotographs) and with chronic mastitis—subjects which Mr. Keynes has made peculiarly his own. New accounts have been added of the Sigma Reaction, of fibro-cystic disease of bone, of pseudo-coxalgia, and of diseases of the pancreas. The last is singularly inadequate. There is an entirely new chapter by Mr. Paterson Ross on "Tumours of the Brain and Spinal Cord"—fully detailed, completely up-to-date and attractively presented.

The old description of lymphoma has been entirely omitted, though on pp. 150 and 260 the term is retained but not defined, and on p. 156 we are promised that lymphomata are fully described in the chapter on the Lymphatic System.

In connection with "quiet necrosis"—a term not used in the previous edition—it is curious that Morrant Baker's name should be mentioned. The condition to Bart.'s men at least is universally known as "Paget's quiet necrosis."

On p. 277 "Reidel" is a misprint for "Riedel." The lack of uniformity in references, such as the following, coming from so renowned a bibliographer as Mr. Keynes, is surprising:

p. 416: "Path. Soc. Trans., vol. xlvii, p. 291."

p. 421: "Transactions of Pathological Soc., vol. 55."

Striking X-rays, judiciously added, forcibly illustrate the descriptions. There is a remarkable microphotograph of Paget's disease of the nipple. The addition of one line to the content of each page has reduced the 651 pages of the last edition to 644, and the index is improved by the introduction of heavy type.

Like its predecessors, the new edition is dedicated to the Students of St. Bartholomew's Hospital. The excellence of the work to the surgical dresser has never been bettered, and its reputation remains secure. But knowledge has advanced by leaps and bounds, and a new generation exacts a new standard. The critical mind cannot dip into this book for points of guidance and time and again must turn to more modern works. *Mene, Mene, Tekel, Upharsin!* In reviewing an old-established text-book the voice of sentiment cannot be silenced. If a reviewer keeps his head a prisoner, he can allow his heart many liberties. And that way danger shows its teeth.

A TEXT-BOOK ON THE NURSING AND DISEASES OF SICK CHILDREN. Edited by ALAN MONCREIFF, M.D., B.S., M.R.C.P.(Lond.). (London: H. K. Lewis & Co., Ltd., 1930.) Pp. xvi + 580. Price 15s. net.

Nursing, and in particular the nursing of sick children, remains a closed book to many during their clinical training, and it is not until bitter experience has opened their eyes that they gain some inkling into this great unknown.

This text-book has been compiled by various members of the staff at Great Ormond Street with the collaboration of the matron, all writing under the able editorship of Dr. Moncrieff. The work is in two parts—a description of nursing methods as applied to children, and an account of the commoner ailments of early life. Throughout the writing is clear and accurate, with excellent line drawings and photographs to illustrate the text.

It will be impossible to give an adequate idea of the scope of the book, but certain points may be touched on. In all probability the first part dealing with nursing will be of greatest use to the student or practitioner, for it is difficult to find a single book which will give details of such varied subjects as the preparation of enemata and the prevention of post-operative acidosis; all nursing procedures are described succinctly, and in the introduction to the section on surgical nursing there is an admirable little chapter on Bacteriology and Immunity by Mr. Twistington Higgins.

Dr. Schlesinger has written a most excellent chapter on that all-important subject, Infant Feeding; the various types of artificial milk are described and their relative merits discussed. Here are to be found both formulæ for determining from first principles the proportions of foodstuffs, and tables for those who have no love for mathematics.

In assessing the merits of the main section on the Diseases of Children the reviewer is in some difficulty. It is admirably written in a simple style, but if the work is intended for nurses and welfare workers, it would appear to be more detailed than is necessary. What value can it be to a nurse to know the types of the myopathies or the varieties of hydrocele. It may be that these details are included to cover the syllabus of the Nursing Council, who, from the examination papers contained in an appendix, would appear to expect their candidates to be familiar with Hirschsprung's disease and the indications for tenotomy. On the other hand, it is intensely irritating to see every word which is in the least technical (such as impacted) placed in double inverted commas, which in actual fact should be reserved for reported speech, the single comma being sufficient for emphasis; certain of the authors place these unusual words in italics, which is preferable.

As an appendix there is a section on therapeutics and toxicology, a collection of sick-room recipes, and a most useful article on Breathing Exercises by Miss Butcher. The work concludes with a very full index.

Undoubtedly this book fills a real gap, and it can be thoroughly recommended as an addition both to nurses' and practitioners' libraries.

RECENT ADVANCES IN PHYSIOLOGY. By Prof. C. LOVATT EVANS, D.Sc., F.R.C.P., F.R.S. Fourth edition. (London: J. & A. Churchill, 1930.) Pp. xii + 446. 113 Illustrations. Price 12s. 6d.

The utility of the "Recent Advances" text-books to both teachers and students requires no emphasis here. The book under review formed one of the first of that series. In preparing the new edition the author has added two new and very interesting chapters, one, "The Coronary Circulation and its Regulation," the other, "The Part Played by the Carotid Sinus in the Regulation of the Circulation." Two chapters have been omitted from this edition, "The Origin of the Cells of the Blood" and "The Mechanism of Tissue Oxidations." Some of the remaining chapters of the book have undergone considerable revision, notably, "The Chemistry of Muscular Contraction" and "The Nervous Impulse."

ASTHMA AND ITS TREATMENT. By PERCY HALL, M.R.C.S., L.R.C.P. (London: Heinemann [Medical Books] Ltd., 1930.) Pp. vii + 130. Price 7s. 6d. net.

Dr. Hall writes with the experience of a practitioner and a sufferer, now happily cured. The book is intended to be read also by the layman, although one shudders at the thought of a patient who has read and digested its contents. Nothing new is claimed excepting in the application and combination of accepted remedies.

Over forty pages are devoted to a rather satiating recapitulation of all the possible causes of the disease, its signs and symptoms. On p. 30 the statement that immobility of the diaphragm may cause inhibition of the suprarenals is rather far-fetched. Vague terms are too frequent. On p. 35 is the statement that "adrenal dysfunction may be met with," and similarly on p. 36 that "a degree of

avitaminosis may be met with." Both suggest the literature of the vendors of proprietary preparations. The section on vitamins is perhaps the worst in the book. That vitamin B affects the growth of the body, and the nutrition of the muscular coats of the gastro-intestinal tract, that deficiency leads to stunted or disordered growth, and that metabolism of calcium and phosphorus is intimately bound up with " . . . the thyroid in particular " all challenge criticism. The author has little use for skin tests, and has had disappointing results with vaccines. The latter may be useful in added secondary infections of pharynx and bronchi. The chapter on general hygiene, clothing, massage, etc., contains little else than a catalogue of common-sense measures, such as a daily bath on rising, light clothing, fresh air, ventilation, and exercise in the open. But it is necessary to impress the value of these on many patients, whose mode of life reveals their lack of intelligence on what seem matters of instinct to the practitioner.

It is unconvincing to read that " manipulation of the spine . . . will help to correct deformities due to adhesions or malplacements of the vertebræ from long-continued malposition," and again one is sceptical of the rationale of manual massage to the chest-wall over the heart. The section on drugs is traditional; the author soon dismisses them and repeats much about vitamin B and the endocrines. Again we have mention of " varying degrees of hypothyroidism, together perhaps with signs of pituitary inadequacy," a syndrome difficult to diagnose with certainty in its milder degrees. Much sound advice is given under " Diet," and our friends the vitamin turn up again, vitamin B a prominent figure in the front row of the chorus. The writer has nothing but praise for diathermy, both to chest and abdomen in all varieties of asthma.

Finally, after somewhat unenthusiastically handing out all recognized therapeutic measures from his bag, we find the author has left the best at the very bottom, and on p. 102 he brings out actino-therapy, which, in his opinion, easily takes first place in value. This is by far the best section of the book, well explained and written with a tone of conviction and authority. Twenty-one cases are quoted, all improved or cured, after actinotherapy combined with other measures where necessary. Were there no failures? " So very few cases returned . . . after satisfactory results . . . that it is a fair assumption that they did not suffer any relapse," is not a wholly reliable criterion for any treatment. One feels that Dr. Hall has spoiled his book in his attempts to make it palatable to the lay mind.

RECENT ADVANCES IN CHEMOTHERAPY. By G. M. FINDLAY, O.B.E., M.D., D.Sc. (London: J. & A. Churchill, 1930.) Pp. 532. 4 plates, 11 figures. Prices 15s. net.

Chemotherapy as a science began with Ehrlics's conception that chemical substances could be produced which would unite with and destroy the parasitic agents of disease without simultaneously injuring the cells of the body. This is an ideal which has never been attained; substances tolerated by tissues in large doses, but fatal to parasites in small doses, have had to be produced. Only a few remedies, such as emetine and some of the anthelmintics, have been proved to have a direct action on the parasites themselves. For the rest the action of the chemicals used must be indirect through reaction with the body tissues. It is thus clear that chemotherapeutic agents as yet are not specific for the diseases which are treated by them.

This book is the first in English to describe the present position of chemotherapy from the viewpoint of medicine. About three-quarters of it is devoted to diseases due to helminthic, protozoal and spirochætal infections, these being diseases in which the presence or absence of the causal factor can be so readily detected in a blood-film or in fæces. The detection of bacteria or viruses is necessarily more difficult and uncertain. The reader cannot fail to be impressed with the necessity of preliminary work on laboratory animals in this subject. Without it we should still be ignorant of the use of arsenic in spirochætal infections, and of Bayer 205 in trypanosomiasis.

Progress in the chemotherapy of bacterial infections has been very slow. All the chemicals at present in use are general protoplasmic poisons, which consequently inhibit the phagocytosis of the bacteria, and in addition decrease the bactericidal power of the leucocytes so that blood containing these substances allows the growth of more bacteria than normal blood. Intravenous injection of such antiseptic substances, therefore, would seriously damage the resisting power of the body were it not that they are usually removed by combination with protein. This book again impresses us that there is as yet no perfect antiseptic, and that apart from parasitic infections there is really no certain chemical agent. The number of chemicals introduced for the treatment of urinary infections, each one lauded more than its predecessor, reveals the truth of this conclusion.

The author portrays the present position of his subject well. That so much of the book is devoted to parasitic diseases is justified, because chemotherapy in these diseases has a firm foundation, whereas in bacterial disease the foundation is yet to be laid. The excellent bibliography at the end of each chapter will be invaluable to those wishing to read up any portion in which they are interested. The production of the book is excellent, and we welcome the portrait of Ehrlich as frontispiece.

ULTRA-VIOLET RAYS IN THE TREATMENT AND CURE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. Fourth edition. (London: William Heinemann, Ltd.) Pp. 248. Illustrations 57. Price 12s. 6d. net.

The author feels that actino-therapy is now so firmly established as a curative remedy of wide usefulness that no medical practitioner can afford to be without some knowledge of the subject, even though not practising this branch himself. This latest edition contains two new chapters which increase the value of the book, one dealing with the important question of lamps for self-administration, and the other summarizing the modern views on dosage. A large proportion of the illustrations is devoted to lamps and apparatus used in therapy. Case-histories are furnished to indicate the diseases which the author has found to be amenable to this form of treatment, the technique that he has used, and the results that he has obtained.

The account is clear and well presented, and the book should be of value to anyone who is considering the employment of this form of treatment, or who wishes to acquaint himself with its indications and limitations.

ROSE AND CARLESS' MANUAL OF SURGERY.—An error was made in the review of this book in our last issue. The book contains xiii + 1592 pages (not 590), 664 illustrations, 19 plates and 43 radiograms.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. *Exercise: Its Functions, Varieties and Applications.* London: Heinemann, 1930.

ALEXANDER, F. W., M.R.C.S.(Eng.), L.R.C.P.(Edin.), L.M., D.P.H. " Tobacco: Discovery; Origin of Name; Pipes; The Smoking Habit and Its Psychotherapy." *Medical Press and Circular,* July 30th, 1930.

——— " The Lore of Perfumes, Aromatics, Cosmetics and Soaps: Origins, Uses and Physical Action of Odours." *Medical Press and Circular,* October 1st, 1930.

ANDREWES, C. H., M.D. " Antivaccinial Serum." *Journal of Pathology and Bacteriology,* April, 1930.

——— " Tissue Culture in the Study of Immunity to Herpes." *Journal of Pathology and Bacteriology,* April, 1930.

ANDREWES, Sir FREDERICK W., M.D., F.R.C.P., F.R.S. " Note on the Fermentation of Starch by Certain Hæmolytic Streptococci." *Journal of Pathology and Bacteriology,* January, 1930.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. (and GADDUM, J. H.). " Reactions of Denervated Voluntary Muscle and their Bearing on the Mode of Action of Parasympathetic and Related Nerves." *Journal of Physiology,* September, 1930.

——— (A. B. CORKILL, H. H. D., and H. P. MARKS). " The Respiratory Quotient of the Eviscerated Spinal Cat." *Journal of Physiology,* August, 1930.

ECCLES, H. E. KARSLAKE, *M.C.*, M.R.C.S., L.R.C.P. " Some Remarks on General Anæsthesia in Dental Surgery." *British Dental Journal,* October 1st, 1930.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients	Dr. G. Graham at 9 a.m.	Prof. Fraser and Dr. Hilton at 9 a.m.	Dr. Geoffrey Evans at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. Fraser and Dr. Carmichael at 9 a.m.	Dr. G. Bourne at 9 a.m.
Surgical Out-Patients	Mr. Dunhill at 9 a.m.	Mr. W. Girling Ball at 9 a.m.	Mr. R. M. Vick at 9 a.m.	Prof. Gask at 9 a.m.	Mr. J. E. H. Roberts at 9 a.m.	Mr. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw at 9 a.m.	—	Dr. Donaldson at 1.30 p.m.	—	—	Dr. Shaw at 9 a.m.
Ante-natal Clinic .	—	—	—	Dr. Donaldson at 12.15 p.m.	—	—
Orthopædic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. R. C. Elmslie at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. F. W. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. F. W. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. T. H. Just at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. T. H. Just at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department .	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch, Females at 1 p.m.	—
*X-Ray Department	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Massage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.	9.a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	* Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m. New cases (from District only), 1.30 p.m.	Dr. Harris at 9 a.m.
Dental Department	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m.	†5 to 7 p.m.	—	11.30 a.m. New cases only, 2 to 3 p.m.	—
Venereal Department	Men, 5 to 7 p.m.	Women and children, 4 to 6 p.m.	—	Men, 12 to 2 p.m.	Women and children, 12 to 2 p.m.	—
Plastic Surgery .	Sir Harold Gillies 1.30 p.m.	—	—	—	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.
† These hours are intended for patients who cannot attend at mid-day.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Cyst of Synovial Membrane in the Region of the Internal Semilunar Cartilage." *Proceedings of the Royal Society of Medicine*, September, 1930.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Three Cases of Congenital Œdema (Milroy's Disease) in Two Generations of the Same Family." *Proceedings of the Royal Society of Medicine*, September, 1930.

GASK, GEO. E., C.M.G., D.S.O., F.R.C.S. *See* POWER.

GREEN, F. H. K., M.B., B.S., M.R.C.P. "Miliary Aneurysms in the Brain." *Journal of Pathology and Bacteriology*, January, 1930.

GREY, H. MARTIN, M.R.C.S., L.R.C.P. "Fracture of the Frontal Bone involving the Frontal Sinus, with Formation of an Intracranial Pneumocele." *British Medical Journal.*, October 4th, 1930.

GRIFFITH, H. K., F.R.C.S. "A Case of Lithopædion." *Proceedings of the Royal Society of Medicine*, September, 1930.

——— "A Case of Pregnancy in one Horn of a Bicornute Ovary." *Proceedings of the Royal Society of Medicine*, September, 1930.

HARTRIDGE, H., M.A., M.D., Sc.D., M.R.C.P., F.R.S., and HAYNES, F., M.A. *Histology for Medical Students*. London: Oxford University Press, 1930.

HATHAWAY, FRANK J., M.D. "A Note on the Technique of the Immediate Closure of Empyema (Pneumococcal)." *Practitioner*, August, 1930.

HAYNES, F., M.A. *See* HARTRIDGE and HAYNES.

HERNAMAN-JOHNSON, F., M.D.(Aberd.), D.M.R.E.(Camb.). "A Case of Pathological Fracture due to Malignant Metastasis: Cure by Deep X-ray Therapy." *Lancet*, October 18th, 1930.

KEYNES, GEOFFREY, M.A., M.D., F.R.C.S. "The Treatment of Primary Carcinoma of the Breast with Radium." *Practitioner*, October, 1930.

KING, H. H., M.B., B.S., I.M.S. "Fly-Proofing Indian Latrines." *Journal Royal Army Medical Corps*, October, 1930.

MAXWELL, JAMES, M.D., M.R.C.P. "Primary Malignant Intra-thoracic Tumours." *Journal Pathology and Bacteriology*, April, 1930.

MAXWELL, J. PRESTON, M.D., F.R.C.S., J.L.(Liu.). "Two Cases of Fœtal Rickets." *Journal of Pathology and Bacteriology*, April, 1930.

——— "Two Cases of Ectopic Gestation Presenting Unusual Features." *Journal of Obstetrics and Gynæcology of the British Empire*, Autumn Number, 1930.

MORLOCK, H. V., *M.C.*, M.D., M.R.C.P. (A. J. SCOTT PINCHIN, F.R.C.P., and H. V. M.). "Abscesses of the Lung; Their Treatment and Diagnosis." *Lancet*, October 18th, 1930.

CHANGES OF ADDRESS.

BARNSLEY, A., Hawthorne House, Ellesmere, Salop. (Tel. Ellesmere 26.)

DE LABILLIERE, Surg.-Lt. C. D. D., R.N., R.N. Hospital, Haslar.

MILLS, W. T., Botley House, Chiddingfold, Surrey. (Tel. 2.)

MOIR, E. D., 1, Gordon Square, W.C. 1. (Tel. Museum 1266.)

ORCHARD, S., 12*a*, Kensington Court Place, W. 8.

PAYNE, R. T., 21, Norfolk Road, St. John's Wood, N.W. 8. (Tel. Primrose 5532.)

APPOINTMENT.

BELLAMY, W. A., M.R.C.S., L.R.C.P., appointed Honorary Anæsthetist to the South Eastern Hospital for Children.

BIRTHS.

CAMERON.—On May 7th, 1930, at Cranleigh, Surrey, to Lottie (*née* Higgs), wife of Dr. Donald Cameron—a son.

CARNEGIE BROWN.—On September 25th, 1930, to Ella Mary (*née* Wright), wife of Dr. A. Carnegie Brown, of Ripon—a daughter.

CHAMBERS.—On September 6th, 1930, in London, to "Senga" (Agnes, *née* Tombs), wife of Guy Chambers, F.R.C.S.(Eng.), of Gable End, Ryde, and 36, Bolton Gardens, S.W.—a son.

CRIPPS.—On October 7th, 1930, at a nursing home, Horley, Surrey, to Vera, wife of W. Lawrence Cripps, F.R.C.S.—a daughter.

DAY.—On October 22nd, 1930, at 17, Chapel Field East, Norwich, to Joan (*née* Miller), the wife of Dr. George Day—a daughter.

HIGGS.—On September 23rd, 1930, at 11, Chester Place, Regent's Park, to Betty, wife of Sydney Limbrey Higgs, F.R.C.S.—a daughter.

JONES.—On September 4th, 1930, in London, to Kathleen (*née* Macartney), wife of Dr. G. L. Colenso Jones, Kirkuk, Iraq—a son.

MILLER.—On September 1st, 1930, at 18, Grosvenor Road, Tunbridge Wells, to Dr. and Mrs. T. Mackinlay Miller—a son.

RYVES.—On September 30th and October 1st, 1930, at St. Peter's Lodge, Eltham Road, S.E. 12, to Dr. and Mrs. T. E. Ryves—a son and daughter.

SMYTH.—On October 24th, 1930, at 22, Wimpole Street, W. 1, to Esther, wife of Michael J. Smyth, F.R.C.S.—a son.

WILSON.—On October 23rd, 1930, to Kathleen, wife of W. Etherington Wilson, F.R.C.S., of Hillsborough, Torquay—a daughter.

MARRIAGES.

BRIGG—JACKSON.—On October 16th, 1930, at Radley Church, Denis Anderton Brigg, M.B., younger son of the late Mr. Thos. Brigg, of Addingham, and of Mrs. Brigg, of 13, Langcliffe Avenue, Harrogate, and grandson of the late Sir John Brigg, M.P., of Kildwick Hall, Keighley, Yorks, to Eva Katharine Mary, elder daughter of Rev. A. A. and Mrs. Jackson, of Radley.

JORY—FORSTER.—On September 27th, 1930, at Christ Church, Cockfosters, Norman Adams Jory, F.R.C.S., son of the Rev. J. D. Jory, of Auckland, New Zealand, to Daphne E. G. Forster, adopted daughter of Mrs. W. Bince Randall, of The Cottage, Cockfosters.

PEEL—MONYPENY.—On September 2nd, 1930, at Fisherwick Presbyterian Church, Belfast, by the Very Rev. Dr. Thomas A. Smyth, assisted by the Rev. Dr. Woodburn and the Rev. T. A. B. Smyth, of Omagh, Albert A. Fitzgerald Peel, M.A., M.D.(Gon.), son of Dr. A. A. Peel and Mrs. Peel, "Allanbank," Queen Mary Avenue, Glasgow, and Ben Neagh House, Crumlin, Co. Antrim, to Mary Watson Monypeny, M.Sc., daughter of the late Dr. William Monypeny and Mrs. Monypeny, Shaftesbury Square, Belfast.

SILVER WEDDING.

GAY FRENCH—PIPE WOLFERSTAN.—On September 7th, 1905, at St. John the Baptist Church, Holland Road, London, John Gay French, younger son of the late Lieut.-Col. John Gay French, M.D., M.Ch., F.R.C.S.Eng., I.M.S., to Elinor May, youngest daughter of the late F. S. Pipe Wolferstan, of Statfold, Staffordshire. Present address: 135, Harley Street, London, W. 1.

DEATHS.

BRIDGEMAN.—On October 30th, 1930, the result of an accident, Francis Paul Orlando Bridgeman, Commander R.N., retired, of 17, Egerton Gardens, S.W. 3, much beloved husband of Alice Bridgeman, and second son of the late Brigadier-General the Hon. Francis Bridgeman, aged 42.

HARVEY.—On October 13th, 1930, at 43, Holland Street, John Owen Harvey, M.D.

LEGG.—On October 8th, 1930, suddenly, at 139, Harley Street, W. 1, Thomas Percy Legg, C.M.G., F.R.C.S., M.S.

ROBERTS.—On October 2nd, 1930, Sidney Morton Pearson Roberts, J.P., M.R.C.S., of The Gables, Linslade, Leighton Buzzard, Bucks, aged 70.

WARREN.—On September 2nd, 1930, at a nursing home, Reading, following an operation, Alfred Castle Warren, M.D., L.R.C.P., dearly beloved husband of Ina Warren, of The Lawn, Upper Redlands Road, Reading.

WATTS.—On November 2nd, 1930, accidentally drowned, Cecil Francis Watts, M.A., B.Chir., M.R.C.S., L.R.C.P., dearly loved only son of Francis William and Julie Watts, of Red Hatch, Hutton, Essex, aged 28.

WHITE.—On September 26th, 1930, at Streatham, very suddenly after two years' illness, Charles Powell White, M.D., F.R.C.S., fourth son of the late Prebendary Borrett White, D.D., formerly Director of Cancer Research at the University of Manchester.

WHITEHEAD REID.—On October 20th, 1930, at West Kent Hospital, Maidstone, Edward Douglas Whitehead Reid, M.B., B.Ch., son of the late Dr. Thomas Whitehead Reid and Mrs. Reid, of Canterbury, aged 47.

WILLEY.—On October 1st, 1930, at Farringford, Queen's Park, West Drive, Bournemouth, Thomas Willey, M.D.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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